

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J14735

FILED
Jan 09, 2006
Secretary of State

Entity Name: WISE HOME INSPECTION SERVICE, INC.

Current Principal Place of Business:

4516 HUDSON LANE
TAMPA, FL 33624 US

New Principal Place of Business:

4516 HUDSON LANE
TAMPA, FL 33618 US

Current Mailing Address:

PO BOX 272777
TAMPA, FL 33688 US

New Mailing Address:

FEI Number: 59-2765245 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WISE, ALBERT E
4516 HUDSON LANE
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: WISE, ALBERT E.,
Address: 4516 HUDSON LN
City-St-Zip: TAMPA, FL 33624

Title: SD () Delete
Name: WISE, ROXIE W.,
Address: 4516 HUDSON LN
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: WISE, ALBERT E.,
Address: 4516 HUDSON LN
City-St-Zip: TAMPA, FL 33618

Title: SD (X) Change () Addition
Name: WISE, ROXIE W.,
Address: 4516 HUDSON LN
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT E. WISE

PTD

01/09/2006

Electronic Signature of Signing Officer or Director

Date