## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K80385

City-St-Zip:

SANFORD, FL 32771

FILED Apr 28, 2005 Secretary of State

Entity Name: B.I.S. INSPECTION AND AUDIT SERVICE. INC.

Littly Nai	ille. D.I.O. INC	BELCTION AND AUDIT SERVI	CL, INC.		
Current P	rincipal Place	of Business:	New Principal	New Principal Place of Business:	
	KE MARY BL	VD			
304 LAKE MAF	RY, FL 32746	US			
Current Mailing Address:			New Mailing A	New Mailing Address:	
P O BOX 9 LAKE MAF	950670 RY, FL 327950	670 US			
FEI Number: 59-2953694 FEI Number Applied For ( )		FEI Number Not Applicable	( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:			Name and Add	Name and Address of New Registered Agent:	
BUTLER, CAROLEE 100 WIMBLEDON CIRCLE HEATHROW, FL 32746 US			6722 SÝLVAN V	WIRTH, ALBERT R JR 6722 SYLVAN WOODS DR SANFORD, FL 32771 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its reg	gistered office or registered agent, or both,	
SIGNATURE: ALBERT R WIRTH				04/28/2005	
	Electror	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( BUTLER, CARG 100 WIMBLED HEATHROW, F	ON CR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( BUTLER, CARG 100 WIMBLED HEATHROW, F	ON CR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VP ( ) WIRTH, ALBER 6722 SYLVAN		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: ALBERT R WIRTH JR VP 04/28/2005