2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 26, 2007 08:00 AM DOCUMENT # L57507 **Secretary of State** AMER HOME INSPECTION SERVICES, INC. Principal Place of Business Mailing Address 2135 18 AVE SW VERO BEACH FL 32962 P.O. BOX 2511 VERO BEACH FL 32961 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0180946 Not Applicable Ζıp Country Ζıρ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCHUGH, JOHN J JR 333 17TH STREET. Street Address (P.O. Box Number is Not Acceptable) SUITE U VERO BEACH FL 32960 Zip Code City 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and fille if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE. □ Delete TOLE: Change FERSCH, JOSEPH W NAME NAME 000000647537 03/06/07-80074-023 150.00 2501 27TH AVE., SUITE F-7 STREET ADDRESS STREET ADDRESS VERO BEACH FL 32960 CHY-ST-ZIP CITY+ST-ZIP Delete Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CHY-SI-ZIP THE Delcte ☐ Change Addition 🗌 NAMI STREET LADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete niu ☐ Change Addition NAME STREET ADDRESS STRUET ADDRESS CITY-ST-7IP CITY ST-7IP RULE Delete HILL ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7/P CITY-SI-7IP TITLE ☐ Delete TIBLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP

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12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under each; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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