2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2005
Secretary of State

DOCUMENT# P00000019871

Entity Name: NATIONWIDE INSPECTIONS, INC.

Current Principal Place of Business:

8027 WEST MCNAB ROAD
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 26984
FORT LAUDERDALE, FL 333206984

New Mailing Address:

8027 WEST MCNAB ROAD
TAMARAC, FL 33321

FEI Number: 65-0986639 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KREINDEL, HOWARD
8027 WEST MCNAB ROAD
TAMARAC, FL 33321 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: PD ( ) Delete
Name: JACKSON, ROSALIND
Address: 8027 WEST MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: STD ( ) Delete
Name: HICKMAN, SAMMIE
Address: 8027 WEST MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321

Title: ASD ( ) Delete
Name: KREINDEL, HOWARD
Address: 8027 WEST MCNAB RD
City-St-Zip: TAMARAC, FL 33321

Title: ATD ( ) Delete
Name: SOMBERG, ROBERT
Address: 8027 WEST MANAB RD
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ROBERT SOMBERG ATD 01/03/2005

Electronic Signature of Signing Officer or Director — Date