

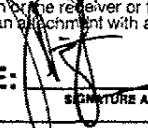


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000053319		
1. Entity Name COVENANT INSPECTIONS CORPORATION		
Principal Place of Business 883 NW SASSAFRAS TERRACE JENSEN BEACH, FL 34957		Mailing Address 883 NW SASSAFRAS TERRACE JENSEN BEACH, FL 34957
DO NOT WRITE IN THIS SPACE		
		
		04302004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-3728097
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
PENNINGTON, JOHN R 883 NW SASSAFRAS TERRACE JENSEN BEACH, FL 34957		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000150541 05/04/04-80009-016 150.00
10. OFFICERS AND DIRECTORS		
TITLE	PRES	
NAME	PENNINGTON, JOHN R	
STREET ADDRESS	883 NW SASSAFRAS TERRACE	
CITY - ST - ZIP	JENSEN BEACH, FL 34957	
TITLE	V PR	
NAME	PENNINGTON, STEPHANIE A	
STREET ADDRESS	883 NW SASSAFRAS TERRACE	
CITY - ST - ZIP	JENSEN BEACH, FL 34957	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  JOHN R. PENNINGTON		4-30-04 772-486-7889
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>