


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90087 027 ***150.00

DOCUMENT # P02000001288	
1. Entity Name GCS HOME INSPECTIONS, INC.	

Principal Place of Business 11448 N.W. TENTH STREET PEMBROKE PINES, FL 33026	Mailing Address 11448 N.W. TENTH STREET PEMBROKE PINES, FL 33026
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2. Principal Place of Business 178 SW 206 AVENUE	3. Mailing Address 178 SW 206 AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PEMBROKE PINES FL	City & State PEMBROKE PINES FL
Zip 33029	Zip 33029
Country BROWARD	Country BROWARD



03132005 Chg-P CR2E034 (10/03)

4. FEI Number 03-0385097	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HENRY, GARY L. 11448 N.W. TENTH STREET PEMBROKE PINES, FL 33026	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, GARY L	NAME	HENRY, GARY L.
STREET ADDRESS	11448 N.W. TENTH STREET	STREET ADDRESS	178 SW 206 AVE
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	CITY-ST-ZIP	PEMBROKE PINES FL 33029
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, CAMILLE O	NAME	HENRY, CAMILLE O.
STREET ADDRESS	11448 N.W. TENTH STREET	STREET ADDRESS	178 SW 206 AVE
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, STEWART A	NAME	HENRY, STEWART A.
STREET ADDRESS	7541 FAIRWAY BOULEVARD	STREET ADDRESS	178 SW 206 AVE
CITY-ST-ZIP	MIRAMAR, FL 33023	CITY-ST-ZIP	PEMBROKE PINES FL 33029
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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: GARY L. HENRY **GARY L. HENRY (PRESIDENT)** 3-11-05 (954)665-6541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #