2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000014104

1. Entity Name
MAXIMUS HOME INSPECTIONS INC

Principal Place of Business	Mailing Address
27 SPINNING WHEEL LANE TAMARAC, FL 33319	27 SPINNING WHEEL LANE TAMARAC, FL 33319

DO NOT WRITE IN THIS SPACE

05112007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
03-0388393	Not Applicable

5. Certificate of Status Desired   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALTERS, CECIL C JR.
27 SPINNING WHEEL LANE
TAMARAC, FL 33319

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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00, **Due by September 14, 2007**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WALTERS, CECIL C JR.
STREET ADDRESS	27 SPINNING WHEEL LANE
CITY-ST-ZIP	TAMARAC, FL 33319

TITLE	S
NAME	WALTERS, HOPAL
STREET ADDRESS	27 SPINNING WHEEL LANE
CITY-ST-ZIP	TAMARAC, FL 33319

TITLE	
NAME	
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CITY-ST-ZIP	

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05/30/07-80055-008 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: X _____ CECIL WALTERS, JR 5/11/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #