## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000016484

FILED Jan 25, 2006 Secretary of State

Entity Name: CODE ADMINISTRATION, PLAN REVIEW & INSPECTION SERVICES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1011 SHOTGUN RD. SUNRISE, FL 33326 **Current Mailing Address: New Mailing Address:** 1011 SHOTGUN RD. SUNRISE, FL 33326 FEI Number: 03-0390316 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ELZWEIG, GARY H 1011 SHOTGUN RD. SUNRISE, FL 33326 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PCFO** ( ) Delete Title: PCFO (X) Change ( ) Addition ELZWEIG, GARY H PE Name: Name: ELZWEIG, GARY H PE 3717 PINE LAKES DRIVE 700 GRAYHAWK AVENUE Address: Address: City-St-Zip: WESTON, FL 33332 City-St-Zip: PLANTATION, FL 33324 Title: **EVP** Title: () Delete () Change () Addition

Name: MOLINELLI, MARK R Name: 12150 CLOVER DRIVE Address: Address: FORT MYERS, FL 33905 City-St-Zip: City-St-Zip:

Title: (X) Change ( ) Addition Title: () Delete VΡ

PASSANTE, MELISSA Name: PASSANTE, MELISSA Name:

18858 NORTH DALE MABRY 10661 GRAND RIVIERE DRIVE Address: Address:

City-St-Zip: LUTZ, FL 33548 City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: GARY H. ELZWEIG **PCEO** 01/25/2006