

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Aug 09, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90088 011 \*\*\*150.00  
08-09-2005 90002 031 \*\*\*165.00

50060670



<b>DOCUMENT # P02000059703</b>					
1. Entity Name <b>INSPECTION TEAM, CORP.</b>					
Principal Place of Business <b>950 HILLCREST DRIVE 509 HOLLYWOOD, FL 33021 US</b>			Mailing Address <b>950 HILLCREST DRIVE 509 HOLLYWOOD, FL 33021 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>01-0709103</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>WHYTE, NIGEL A 20211 NW 4TH AVENUE MIAMI, FL 33169</b>			7. Name and Address of New Registered Agent Name <b>Nigel Whyte</b> Street Address (P.O. Box Number is Not Acceptable) <b>19255 NE 10th Ave #505</b> City <b>Miami</b> FL Zip Code <b>33179</b>		
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:		DATE: <b>4/29/2005</b>		NOTE: Registered Agent signature required when re-registering	
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust: Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CEO NUGENT, ANDREA P 950 HILLCREST DRIVE, #509 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CFO WHYTE, NIGEL A 19255 NE 167TH STREET, #505 MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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 or without like empowerment.					
SIGNATURE:		DATE: <b>4/25/2005</b>		Daytime Phone: <b>786-514-3411</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



ATTACHMENT  
50066670

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 14, 2005

INSPECTION TEAM, CORP.  
950 HILLCREST DRIVE  
509  
HOLLYWOOD, FL 33021 US

SUBJECT: INSPECTION TEAM, CORP.  
Ref. Number: P02000059703

Debit Memo #: 55745-L

This is to inform you that check #1065 dated APRIL 29, 2005 in the amount of \$150.00 submitted with the annual report/uniform business report for INSPECTION TEAM, CORP. has been returned by your bank because of NON-SUFFICIENT FUNDS.

We request you remit a cashier's check or money order, referencing the above named debit memo number, in the amount of \$165.00 made payable to the Department of State to cover the unpaid fees and service charge.

Section 607.1421 or 617.1421, Florida Statutes, requires at least 60 day notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report/uniform business report and pay the filing fee. Consider this your 60 day notice if the payment is not received, your corporation will be administratively dissolved or revoked on or after September 14, 2005 and a reinstatement fee of an additional \$600 will be imposed to reactivate the corporation.

Please send the replacement check to my attention at the address listed below.

If you have any questions concerning the filing of your document, please call (850) 245-6057.

Patricia Bailey  
Accountant II

Letter Number: 305A00046458