

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000064123

Entity Name: HOME EXAMINER, INC.

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1690 NE 191ST STREET, #308  
NORTH MIAMI BEACH, FL 331794191

**New Principal Place of Business:**

**Current Mailing Address:**

1690 NE 191ST STREET, #308  
NORTH MIAMI BEACH, FL 331794191

**New Mailing Address:**

FEI Number: 03-0455693

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCMONAGLE, RICHARD H  
1690 N.E. 191ST STREET  
308  
NORTH MIAMI BEACH, FL 331794191 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MCMONAGLE, RICHARD H  
Address: 1690 NE 191ST STREET, #308  
City-St-Zip: NORTH MIAMI BEACH, FL 331794191

Title: VPD  
Name: DAVIDS, STACY B  
Address: 1690 NE 191ST STREET, #308  
City-St-Zip: NORTH MIAMI BEACH, FL 331794191

I hereby 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 all other like empowered.

SIGNATURE: RICHARD H. MCMONAGLE

PD

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date