

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

06 AUG 30 PM 1:00

DOCUMENT # P02000120557

1. Entity Name  
DICE HOME INSPECTIONS, INC.



Principal Place of Business  
13220 ORANGE GROVE BOULEVARD  
WEST PALM BEACH, FL 33411

Mailing Address  
13220 ORANGE GROVE BOULEVARD  
WEST PALM BEACH, FL 33411



07192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
14-1856179

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

**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 6, 2006**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
MURCIANO, CARLOS E  
13220 ORANGE GROVE BOULEVARD  
WEST PALM BEACH, FL 33411

TITLE  
NAME  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

400079713404  
09/12/06--01018--012 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Carlos E. Murciano 8/1/06 CARLOS E. MURCIANO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

OL Williams AUG 30 2006