


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90121 038 \*\*\*150.00

DOCUMENT # P02000120912			
1. Entity Name RELIABLE PROPERTY INSPECTIONS, INC.			
Principal Place of Business 1204 NE 16TH TERRACE FT LAUDERDALE, FL 33304		Mailing Address 1204 NE 16TH TERRACE FT LAUDERDALE, FL 33304	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
- 1204 NE 16 Terr		2900 SW 22 Circle	
City & State Pt. Lauderdale, FL		City & State Delray Beach, FL	
Zip 33304		Zip 33445	
Country US		Country US	
4. FEI Number 36-4512372		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CLUSTER, MICHAEL 1204 NE 16TH TERRACE FT LAUDERDALE, FL 33304		CLUSTER, Michael 461 NE 33 St. Boca Raton, FL 33431	
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.		Name	
SIGNATURE: <u>Michael Cluster</u>		Street Address (P.O. Box Number is Not Acceptable)	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		City	
FL		Zip Code	
DATE: 4/15/05			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	CLUSTER, MICHAEL <input type="checkbox"/> Delete	TITLE President	MICHAEL CLUSTER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1204 NE 16TH TERRACE	STREET ADDRESS	461 NE 33 Street
CITY-ST-ZIP	FT LAUDERDALE, FL 33304	CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE D	CLUSTER, FRANCENE M <input type="checkbox"/> Delete	TITLE D	FRANCENE CLUSTER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1204 NE 16TH TERRACE	STREET ADDRESS	461 NE 33 STREET
CITY-ST-ZIP	FT LAUDERDALE, FL 33304	CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 all other like empowered.			
SIGNATURE: <u>Michael Cluster</u>		4/15/05 954562-3940	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	