,2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P03000003090 04-11-2007 90038 014 ***150 00 RICHARD CORNELL'S INSPECTION SERVICE, INC. Principal Place of Business Mailing Address 153 PALM CIRCLE PO BOX 6235 ATLANTIS, FL 33462 LAKE WORTH, FL 33466 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04072007 Chg-P City & State City & State 4. FEI Number Applied For 13-4231740 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEISEL. KEITH W Street Address (P.O. Box Number is Not Acceptable) 712 US HIGHWAY ONE SUITE 230 NORTH PALM BEACH, FL 33408 City Zip Code 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D TITLE ☐ Delete ☐ Change ☐ Addition NAME CORNELL, RICHARD NAME 153 PALM CIRCLE STREET ADDRESS STREET ADDRESS ·CITY-ST-ZIP ATLANTIS, FL 33462 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition CORNELL, RICHARD NAME NAME STREET ADDRESS 153 PALM CIR STREET ADDRESS CITY-ST-ZIP ATLANTIS, FL 33462 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition KEMPER CORNELL, BARBARA T NAME NAME STREET ADDRESS 153 PALM CIR STREET ADDRESS ATLANTIS, FL 33462 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

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, withyall pther like empowered.

CITY-ST-ZIP

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SIGNATURE:

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Apr 11, 2007 8:00 am Secretary of State

FILED