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Apr 28, 2004 8:00 am
Secretary of State
03-22-2004 90068 024 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000022980

1. Entity Name
AMALGAMATED HOME INSPECTION, INC.

66416278

Principal Place of Business	Mailing Address
1713 SW 13TH STREET FT LAUDERDALE, FL 33312	1713 SW 13TH STREET FT LAUDERDALE, FL 33312

2. Principal Place of Business		3. Mailing Address	
7680 NW 79th AVE		7680 NW 79th AVE	
Suite, Apt. #, etc. P1		Suite, Apt. #, etc. P1	
City & State TAMARAC		City & State TAMARAC	
Zip 33321	Country U.S.A.	Zip 33321	Country U.S.A.

03162004 Chg-P CR2E034 (10/03)

4. FEI Number 13-4240061 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ATHERSTONE, DEREK G 1713 SW 13TH STREET FT LAUDERDALE, FL 33312	Name SAME Street Address (P.O. Box Number is Not Acceptable) 7680 NW 79th AVE SUITE P1 City TAMARAC FL Zip Code 33321

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DEREK ATHERSTONE 7680 NW 79th AVE # P1 TAMARAC. FL. 33321.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT. GREGORY REARDIGAN. 6830 NW 82nd St. TAMARAC FL 33321	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 3/16/04 (954) 270 6731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #