2006 FOR PROFIT CORPORATION FILED ANNUAL REPORT May 01, 2006 08:00 AN Secretary of State DOCUMENT # P03000063350 1. Entity Name SARASOTA HOME INSPECTORS, INC. Principal Place of Business Mailing Address 1826 EAST LEEWYNN DRIVE 1826 EAST LEEWYNN DRIVE SARASOTA, FL 34240 SARASOTA, FL 34240 CR2E034 (11/05) 04242006 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 16-1675874 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WELANDER, RUSSELL T DO NOT WRITE 1826 EAST LEEWYNN DRIVE SARASOTA, FL 34240 IN THIS SPACE 3. 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) STAG 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE DPST NAME WELANDER, RUSSELL T STREET ADDRESS 1826 EAST LEEWYNN DRIVE __U00000556754 05/17/06-80022-013 150.00 CRY-ST-ZIP SARASOTA, FL 34240 NAME STREET ADDRESS CITY-ST-ZIP ry - Bash radi iyo karaas STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplimental report is true and accurate anythat 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 the my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

JURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER ST DIRECTOR

x4/27/06

Daytime Phone #