2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006
Secretary of State

DOCUMENT# P03000073997

Entity Name: NATIONAL PROPERTY INSPECTIONS OF THE TREASURE COAST, INC.

Current Principal Place of Business:

1629 SW ALBATROSS WAY
PALM CITY, FL 34990

New Principal Place of Business:

1499 SE LEGACY COVE CR.
STUART, FL 34997

Current Mailing Address:

1629 SW ALBATROSS WAY
PALM CITY, FL 34990

New Mailing Address:

1499 SE LEGACY COVE CR.
STUART, FL 34997

FEI Number: 65-1201218 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MICHAEL, ANDREW R
1629 SW ALBATROSS WAY
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

CHILDRE, JAMES B
1499 SE LEGACY COVE CR.
STUART, FL 34997 US

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.

SIGNATURE: JAMES B. CHILDRE 03/27/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MICHAELS, ANDREW R
Address: 1629 SW ALBATROSS WAY
City-St-Zip: PALM CITY, FL 34990

Title: T ( ) Delete
Name: MICHAELS, DONNA A
Address: 1629 SW ALBATROSS
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CHILDRE, JAMES B
Address: 1499 SE LEGACY COVE CR.
City-St-Zip: STUART, FL 34997

Title: T (X) Change ( ) Addition
Name: CHILDRE, ERIN B
Address: 1499 SE LEGACY COVE CR.
City-St-Zip: STUART, FL 34997

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES B. CHILDRE P 03/27/2006
Electronic Signature of Signing Officer or Director Date