


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90053 033 \*\*\*150.00

<b>DOCUMENT # P03000095095</b> 1. Entity Name <b>NEIGHBORHOOD HOME INSPECTIONS INC.</b>																																					
Principal Place of Business <b>22405 SW 66TH AVE 1601 BOCA RATON, FL 33428</b>			Mailing Address <b>22405 SW 66TH AVE 1601 BOCA RATON, FL 33428</b>																																		
2. Principal Place of Business - No P.O. Box # <b>9475 SW 1 PL</b>		3. Mailing Address <b>9475 SW 1 PL</b>																																			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																			
City & State <b>BOCA RATON, FL</b>		City & State <b>BOCA RATON, FL</b>		4. FEI Number <b>20-0124220</b>																																	
Zip <b>33428</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																	
6. Name and Address of Current Registered Agent  <b>MCLAUGHLIN, RYAN S 22405 SW 66TH AVE 1601 BOCA RATON, FL 33428</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>9475 SW 1 PL</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33428</b>																																	
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: <u><b>RYAN MCLAUGHLIN</b></u> DATE: _____ <small>Signature, typed or printed name of registered agent; and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>DPT MCLAUGHLIN, RYAN S 22405 SW 66TH AVE APT 1601 BOCA RATON, FL 33428</b> <input type="checkbox"/> Delete             </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT MCLAUGHLIN, RYAN S 22405 SW 66TH AVE APT 1601 BOCA RATON, FL 33428</b> <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>9475 SW 1 PL BOCA RATON, FL 33428</b> </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9475 SW 1 PL BOCA RATON, FL 33428</b>														
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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 of 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.  <b>SIGNATURE:</b> <u><b>RYAN MCLAUGHLIN</b></u> <b>4/10/07</b> <b>(954) 868 8180</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																					