2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P03000098523 01-23-2006 90104 007 ***150.00 PAUL DIAL'S HOME INSPECTION SERVICES INC Principal Place of Business Mailing Address 1108 SW WALKER AVENUE 1108 SW WALKER AVENUE LIVE OAK, FL 32064 LIVE OAK, FL 32064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 Chg-P CR2E034 (11/05) City & State Applied For City & State 4. FEI Number 77-0608757 Not Applicable Zip Country Zio 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 DIAL, PAUL H 1108 SW WALKER AVENUE Street Address (P.O. Box Number is Not Acceptable) LIVE OAK, FL 32064 City Zio 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 end title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ΠP MI F ☐ Delete TTLE ☐ Change ☐ Addition DIAL, PAUL H NAME NAME STREET ADDRESS 1108 SW WALKER AVENUE STREET ADDRESS CITY-ST-ZIP LIVE OAK, FL 32064 CITY-ST-ZP TILE ☐ Delete TMF ☐ Channe Addition DIAL, GAYLE B NAME STREET ADDRESS 1108 SW WALKER AVENUE STREET ADDRESS CITY-ST-ZIP LIVE OAK, FL 32064 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete IME ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-S1-71P CITY-ST-ZIP TITLE □ Detete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TTILE ☐ Delete IIILE ☐ Channe ☐ Addition STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 attacking with an address, with all other like empowered.

PRESIDENT

PAUL DIAL,

FILED

Jan 23, 2006 8:00 am

<u>(386)364-4434</u>