

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000110301

FILED
Jan 09, 2007
Secretary of State

Entity Name: QUALIFIED ELEVATOR INSPECTIONS, INC.

Current Principal Place of Business:

5000 W. CANAL ST. N.
BELLE GLADE, FL 33430

New Principal Place of Business:

4063 HOOD ROAD
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

PO BOX 173
BELLE GLADE, FL 33430

New Mailing Address:

PO BOX 31826
PALM BEACH GARDENS, FL 33420 18

FEI Number: 55-0848074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RYNEARSON, MYRNA J
5000 W. CANAL ST. N.
BELLE GLADE, FL 33430 US

Name and Address of New Registered Agent:

RYNEARSON, MYRNA J
4063 HOOD ROAD
PALM BEACH GARDENS, FL 33410 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: MYRNA J RYNEARSON

01/09/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RYNEARSON, MYRNA J
Address: 5000 W. CANAL ST. N.
City-St-Zip: BELLE GLADE, FL 33430

Title: VP () Delete
Name: RYNEARSON, MELVIN L
Address: 5000 W. CANAL ST. N.
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RYNEARSON, MYRNA J
Address: 4063 HOOD ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP (X) Change () Addition
Name: RYNEARSON, MELVIN L
Address: 4063 HOOD ROAD
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: MYRNA J RYNEARSON

PRES

01/09/2007

Electronic Signature of Signing Officer or Director

Date