

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000117541

FILED  
Jan 10, 2006  
Secretary of State

Entity Name: DEPENDABLE HOUSE CHECKERS, INC.

## Current Principal Place of Business:

13031 SALINAS POINT WAY  
DELRAY BEACH, FL 33446

## New Principal Place of Business:

## Current Mailing Address:

13031 SALINAS POINT WAY  
DELRAY BEACH, FL 33446

## New Mailing Address:

FEI Number: 20-0327663

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILSON, KAREN  
11325 SEAGRASS CIRCLE  
BOCA RATON, FL 33498 US

## Name and Address of New Registered Agent:

WILSON, KAREN  
13031 SALINAS POINT WAY  
DELRAY BEACH, FL 33446 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:

01/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WILSON, KAREN  
Address: 11325 SEAGRASS CIRCLE  
City-St-Zip: BOCA RATON, FL 33498

Title: D ( ) Delete  
Name: WILSON, JEROME  
Address: 13071 SALINAS POINT WAY  
City-St-Zip: DELRAY BEACH, FL 33446

Title: D ( ) Delete  
Name: BASSOFF, NATALIE  
Address: 3130 BURGUNDY I  
City-St-Zip: DELRAY BEACH, FL 33484

Title: D ( ) Delete  
Name: BASSOFF, JERRY  
Address: 3130 BURGUNDY I  
City-St-Zip: DELRAY BEACH, FL 33484

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WILSON, KAREN  
Address: 13031 SALINAS POINT WAY  
City-St-Zip: DELRAY BEACH, FL 33446

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KAREN WILSON

P

01/10/2006

Electronic Signature of Signing Officer or Director

Date