2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005
Secretary of State

DOCUMENT# P03000124237

Entity Name: VERO BEACH HOME INSPECTIONS INC.

Current Principal Place of Business:

995 48TH AVENUE
VERO BEACH, FL 32966

New Principal Place of Business:

PETER A. MASTELLONE
995-48TH AVE.
VERO BEACH, FL 32966

Current Mailing Address:

995 48TH AVENUE
VERO BEACH, FL 32966

New Mailing Address:

PETER A. MASTELLONE
995-48TH AVENUE
VERO BEACH, FL 32966

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MASTELLONE, PETE
995 48TH AVENUE
VERO BEACH, FL 32966 US

Name and Address of New Registered Agent:

MASTELLONE, PETER A
995 48TH AVENUE
VERO BEACH, FL 32966 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: PETER A. MASTELLONE 04/04/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: BAXLEY, JESS
Address: 995 48TH AVENUE
City-St-Zip: VERO BEACH, FL 32966

Title: VS ( ) Delete
Name: MASTELLONE, PETE
Address: 995 48TH AVENUE
City-St-Zip: VERO BEACH, FL 32966

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: PETER A., MASTELLONE
Address: 995 48TH AVENUE
City-St-Zip: VERO BEACH, FL 32966

Title: VS (X) Change ( ) Addition
Name: MASTELLONE, PETER A.
Address: 995 48TH AVENUE
City-St-Zip: VERO BEACH, FL 32966

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PETER A. MASTELLONE PTSD 04/04/2005
Electronic Signature of Signing Officer or Director Date