


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P03000135380**

1. Entity Name  
SAFE AT HOME INSPECTIONS INC.



FILED  
05 SEP 19 PM 1:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1009 NORTH DAYTONA AVE FLAGLER BEACH, FL 32136	Mailing Address 1009 NORTH DAYTONA AVE FLAGLER BEACH, FL 32136
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2. Principal Place of Business <i>26 Post View Dr</i>	3. Mailing Address <i>26 Post View Dr</i>
State, Apt. #, etc.	State, Apt. #, etc.

08222005 Chg-P CR2E034 (10/03)

City & State <i>Palm Coast FL</i>	City & State <i>Palm Coast FL</i>
Zip <i>32104</i>	Zip <i>32104</i>
Country <i>USA</i>	Country <i>USA</i>

4. FEI Number *20-0404052* Applied For  Not Applicable

6. Name and Address of Current Registered Agent

DIRECT BUSINESS CONSULTANTS  
1515 RIDGEWOOD AVENUE  
SUITE A  
HOLLY HILL, FL 32117

7. Name and Address of New Registered Agent

Name *Direct Business Consulting*  
Street Address (P.O. Box Number is Not Acceptable) *1515 Ridgewood Ave Ste A*  
City *Holly Hill* FL *32117*

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 *JF DeLoquidice* DATE *8/22/05*

Signature, typed or printed name of registered agent, and if not applicable, NOTE: Registered Agent signature required when reinstating.

**FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VIERENGEL, FREDERICK J 2008 N DAYTONA AVE FLAGLER BEACH, FL 32136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>26 Post View Dr Palm Coast FL 32104</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: *Fredrick J. Vierengel* DATE: *8/15/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #