


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000143670**  
1. Entity Name  
INSPECTNET SERVICES, INC.



Principal Place of Business  
1625 NW 136TH AVE.  
200  
FORT LAUDERDALE, FL 33323

Mailing Address  
P.O. BOX 551540  
FORT LAUDERDALE, FL 33355

**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0504786	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

JUDGES, ROBERT  
1625 NW 136TH AVENUE  
STE 200  
FORT LAUDERDALE, FL 33323

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000680914 04/04/07-80021-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHEN, DIETRICH 1625 NW 13 AVE #210 FORT LAUDERDALE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WOLK, HOWARD L 1625 NW 136 AVE #210 FORT LAUDERDALE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROTHERS, HOWARD G 1625 NW 136 AVE #210 FORT LAUDERDALE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLK, SIDNEY D 1625 NW 136 AVE #210 FORT LAUDERDALE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLK, JEFFREY C 1625 NW 136 AVE #210 FORT LAUDERDALE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JUDGES, ROBERT W 1625 NW 136 AVE #210 FORT LAUDERDALE, FL 33323

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12. I hereby 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 attachment with an address, with all other like empowered.

SIGNATURE: Robert W. Judges 3/10/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #