2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000003788

Entity Name: LENTZ HOME INSPECTIONS INC.

FILED May 12, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

403 SW 148 AVE P.O BOX 4722

APT #12B HIALEAH, FL 33014 US

PEMBROKE PINES, FL 33027 US

Current Mailing Address: New Mailing Address:

403 SW 148 AVE P.O BOX 4722

APT #12B HIALEAH, FL 33014 US PEMBROKE PINES, FL 33027 US

FEI Number: 30-0314883 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LENTZ, JENNIE
403 SW 148 AVE
APT 12B

LENTZ, JENNIE
6190 NW 186 ST
APT 303

PEMBROKE PINES, FL, FL 33027 US HIALEAH, FL 33015 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: 05/12/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 LENTZ, JENNIE
 Name:
 LENTZ, JENNIE

 Address:
 403 SW 148 AVE APT12B
 Address:
 P.O BOX 4722

 City-St-Zip:
 PEMBROKE PINES, FL 33027 US
 City-St-Zip:
 HIALEAH, FL 33014 US

Title: V (X) Delete Title: () Change () Addition

 Name:
 LENTZ, GARY L JR.
 Name:

 Address:
 403 SW 148 AVE APT12B
 Address:

 City-St-Zip:
 PEMBROKE PINES, FL 33027 US
 City-St-Zip:

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: JENNIE LENTZ P 05/12/2005