2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000009045

FILED Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90176 030 ***150.00

AEGIS B		INSPECTION, IN	IC.							
2807 SE 20TH AVE		Mailing Address 2807 SE 20TH AVE CAPE CORAL, FL 33	•			1251 2551 2511 2611 2611 261			14513	
2. Principal P	lace of Busine	ess	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04092005	Chg-P	CR2E	E034 (10/0	3)		
City & State		City & State	City & State		4. FEI Numbe	714611			Applied For Not Applicable	
Zip		Country	Zip	Cour	ntry		of Status Desired		\$8.75 / Fee Requ	
Name and Address of Current Registered			nt Registered Agent			7. Name and	Address of New R	egistered	d Agent	
SPIEGEL 6 1840 SW 2 4TH FLOO MIAMI, FL	R	, P.A.			Name Street Addres	ss (P.O. Box Numbe	r is Not Acceptable	a)		
					City			F	L Zip C	ode
8. The above			for the purpose of changing	its register	ed office or regis	stered agent, or both	n, in the State of Flo	orida. I ar	n familiar wi	th, and accept
the obligat	acins or registe	sed agent.								
		red agent.	ent and title if applicable. {f	IOTE: Registere	ed Agent signature requ	ured when reinstating)		DATE		
the obligat	Signature, typed o		9. Election Cam	paign Fina	ncing \$	\$5.00 May Be		DATE		
the obligat	Signature, typed o	FEE IS \$150.00 Fee will be \$550	9. Election Cam	paign Fina	ncing \$	55.00 May Be Added to Fees	CHANGES TO OFF			DRS IN 11
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 impowered.

SIGNATURE: ____

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239 940 4900

Daytime Phone #