

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000111056

FILED  
Jun 13, 2005  
Secretary of State

Entity Name: WISE MOVE HOME INSPECTIONS, INC.

## Current Principal Place of Business:

505 AVENUE A, NW  
SUITE 102  
WINTER HAVEN, FL 33881 US

## Current Mailing Address:

505 AVENUE A, NW  
SUITE 102  
WINTER HAVEN, FL 33881 US

## New Principal Place of Business:

117 E LAKE AVENUE  
SUITE A  
AUBURNDALE, FL 33823 US

## New Mailing Address:

117 E LAKE AVENUE  
SUITE A  
AUBURNDALE, FL 33823 US

FEI Number: 56-2490757

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOVONI & ASSOCIATES, INC.  
505 AVENUE A, NW  
SUITE 102  
WINTER HAVEN, FL 33881 US

## Name and Address of New Registered Agent:

GOVONI MANAGEMENT SERVICES, INC.  
117 E LAKE AVENUE  
SUITE A  
AUBURNDALE, FL 33823 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: BRIAN R GOVONI

06/13/2005

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:

Title: D ( ) Delete  
Name: PENNICK, CARL  
Address: 10163 MARSH PINE CIRCLE  
City-St-Zip: ORLANDO, FL 33881 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: PENNICK, CARL  
Address: 10033 HART BRANCH CIRCLE  
City-St-Zip: ORLANDO, FL 32832 US

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: CARL PENNICK

D

06/13/2005

Electronic Signature of Signing Officer or Director

Date