2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

MASARYKTOWN, FL 34604 MASARYKTOWN, FL 34604 A Principal Place of Business - No P O. Box # 12, Majing Agdress; MASARYKTOWN, FL 34604 Suite, Aptl. fl. etc.	DOCUMENT # P04000155594 1. Entity Name INSIDE OUT HOME INSPECTIONS I, INC.					04-30-2007	90462 004 ***150.	00	
Sulie, Apt. 4, etc. Sulie, Ap	1105 BENNETT LANE 1105 BENNETT LANE			504	400	91723			
Surie, Apt. 6, etc. Surie, Apt. 6, etc. Surie, Apt. 6, etc. Out 192007 Chg.P CR2E034 (12/06) City & State Cay & Cay & State C	· · · · · · · · · · · · · · · · · · ·								
Part	Suite, Apt. #, etc.		1		04192007	Chg-P	CR2E034 (12/06)		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Wald Manage Stream Address of Po. Box Number is Not Acceptable) Stream Address of Po. Box	City & Stat	e	City & State Tum p4, F/	orida			⊢ —		
Signature Sign	Zip		33618	COUNTS A			Fee Require		
### PILE NOWILI FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 TIME PISHER, RONALD TIME		6. Name and Address of Current	Registered Agent		7. Name and	Address of New	Registered Agent		
MASARYKTOWN, FL 34604 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Submits File IS \$1 \(\frac{1}{2} \) (0.00					HOI San ess (P.O. Box Number	er is Not Acceptab	ole)		
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 is registered agent. SIGNATURE SIGNATURE STATE STATE					N. Dale 1	Mahry 1	WWV		
THE CONTRIBUTION IN POSITION IN PROJECT OF A CONTRIBUTION IN PROJECT AND DIRECTORS IN 11 FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE NAME FISHER, RONALD SITERT ADDRESS CITY-ST-2IP TITLE NAME SITERT ADDRESS CITY-ST-2IP TITLE SITERT ADDRESS CITY-ST	-			City	ana El	- 1	FI Zip Cod	را ر ر ا	
THE CONTRIBUTION IN POSITION IN PROJECT OF A CONTRIBUTION IN PROJECT AND DIRECTORS IN 11 FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE NAME FISHER, RONALD SITERT ADDRESS CITY-ST-2IP TITLE NAME SITERT ADDRESS CITY-ST-2IP TITLE SITERT ADDRESS CITY-ST	& The above	named entity submits this statement for	ir the numose of changing its r	registered office or reg	istered agent or bot	h in the State of F	Florida Lam familiar with	and accent	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be; \$550.00 After May 1, 2007 Fee will be; \$550.00 Trust Fund Contribution. 10. OFFICERS'AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSHER, RONALD STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADD	the obligat	ions of registered agent.	trie purpose of changing its i	egistered office of reg	stered agent, or bot	ii, iii tile State oi i	ionga. Tam tamilai wim,	and accept	
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.	SIGNATURE II								
TILE NAME FISHER, RONALD Delete NAME STREET ADDRESS CITY-ST-ZIP NAME CITY-ST-ZIP	FÍL After M	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.			\$5.00 May Be Added to Fees				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STR	10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11	
STREET ADDRESS CITY-ST-ZIP TITLE MASARYKTOWN, FL 34604 TITLE MASARYKTOWN, FL 34604 TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP	TITLE	Р	☐ Delete	TITLE			☐ Change	☐ Addition	
CITY-ST-ZIP MASARYKTOWN, FL 34604 CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET AD		1							
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STRE									
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STRE		MASARTRIOVIN, FE 54604					Channe	- Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			C Delete				Clands		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS									
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CITY-ST-ZIP			CITY-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE		☐ Delete	TITLE		-	☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS									
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS									
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS			П ъ				Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			CT Delete				C Criange		
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS									
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS									
TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS									
NAME STREET ADDRESS NAME STREET ADDRESS			П 6-1				☐ Channe		
STREET ADDRESS STREET ADDRESS			☐ Delete				Ciralige		
l l									
	STREET ADDRESS			STREET ADDRESS					

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.