## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 30, 2005 8:00 am Secretary of State

DOCL	ANNUAL REPURI						Scerciary or State				
DOCUMENT # P04000158886  1. Entity Name FLORIDA EXECUTIVE HOME INSPECTORS, INC.						03-30-2005	5 90046 02	8 ***15	0.00		
	e of Business COVE DRIVE L 32811	Mailing Address 4937 CASON COVE DR SUITE 811 ORLANDO, FL 32811	IVE		*• ;		500:	3242	3		
2. Principal Place of Bysiness 6153 Waterfield Way P.O. Box 701741											
Suite, Apt. #, etc. Suite, Apt. #, etc.					03282005	Chg-P	CR2E034	1 (10/03)			
St. Cloud, Fl. St. Cloud, F			61.		4. FEI Numb	7933		1	plied For Applicable		
Zip ろイチチ	Country	<sup>Zip</sup> 74770	Country			of Status Desired		8.75 Add	litional		
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and	Address of New	Registered Ag	ent			
RIVERA, MIGUEL A				et Address (P.O. Box Number is Not Acceptable)							
ORLANDO, FL 32811											
			City				FL	Zip Code			
8. The above the obligati	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or	registere	ed agent, or bo	th, in the State of F	lorida. I am tar	niliar with,	and accept		
SIGNATURE_											
	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	: Registered Agent signate	ve required	when reinstating)		DATE				
								_			
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0				00 May Be ed to Fees						
After Ma	ay 1, 2005 Fee will be \$550.0 OFFICERS AND	Trust Fund Cont	ribution.	Adde	ed to Fees	CHANGES TO OF					
After Ma  10.  TITLE  NAME	officers and P RIVERA, MIGUEL A	Trust Fund Cont  DIRECTORS  Delete	TITLE NAME	Adde	ADDITIONS		5	HRECTORS	S 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)(i), 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 gifty like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/05

Daytime Phone #