2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000170701

FILED Mar 21, 2005 Secretary of State

Entity Name: BENJAMIN HOME INSPECTION SERVICES	S, INC.
Current Principal Place of Business:	New Principal Place of Business:
1065 NW 124TH STREET NORTH MIAMI, FL 33168	11033 SW 5TH COURT BUILDING # 18 APT 302 PEMBROKE PINES, FL 33025
Current Mailing Address:	New Mailing Address:
P.O. BOX 245884 PEMBROKE PINES, FL 33023	P.O. BOX 245884 PEMBROKE PINES, FL 33024
FEI Number: 34-2028578 FEI Number Applied For ()	El Number Not Applicable () Certificate of Status Desired (X)
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
LOUIS, MARIE K 7311 VENETIAN ST APT 7 MIRAMAR, FL 33023 US	LOUIS, MARIE K 1065 NW 124TH ST NORTH MIAMI, FL 33168 US
The above named entity submits this statement for the purpoin the State of Florida.	ose of changing its registered office or registered agent, or both,
SIGNATURE:	03/21/2005
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: VP () Delete Name: LOUIS, MARIE K Address: 1065 NW 124TH ST City-St-Zip: NORTH MIAMI, FL 33168	Title: O (X) Change () Addition Name: BENJAMIN, PAUL A Address: PO BOX 245884 City-St-Zip: PEMBROKE PINES, FL 33024
Title: () Delete Name: Address: City-St-Zip:	Title: P () Change (X) Addition Name: BENJAMIN, PAUL A Address: PO BOX 245884 City-St-Zip: PEMBROKE PINES, FL 33024
Title: () Delete Name: Address: City-St-Zip:	Title: VP () Change (X) Addition Name: LOUIS, MARIE K Address: 1065 NW 124TH ST City-St-Zip: NORTH MIAMI, FL 33168

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: PAUL A. BENJAMIN 3.21.04 OWNE 03/21/2005