


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000000297 1. Entity Name INSPECT IT FIRST, INC.	
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Principal Place of Business 990 WOODSTORK PLACE SUITE B FERNANDINA BEACH, FL 32034-6790 US	Mailing Address 990 WOODSTORK PLACE SUITE B FERNANDINA BEACH, FL 32034-6790 US
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DO NOT WRITE IN THIS SPACE



01202007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2082465	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLAIR, THOMAS A
54025 JEANNIE ROAD,
P O BOX 1670
CALLAHAN, FL 32011-1670

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAMBLE, LINDA J 990 WOODSTORK PLACE, STE A FERNANDINA BEACH, FL 320346790
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD GAMBLE, CHRISTOPHER C SR 990 WOODSTORK PLACE, STE A FERNANDINA BEACH, FL 320346790
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLAIR, THOMAS A 54025 JEANNIE ROAD - P O BOX 1670 CALLAHAN, FL 320111670
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02/05/07-80029-025 150.00

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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.

SIGNATURE: Linda J. Gamble **1/24/07** **904-277-1183**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #