2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

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Entity Name: INSPECT IT FIRST, INC.

Current Principal Place of Business:

990 WOODSTORK PLACE
SUITE B
FERNANDINA BEACH, FL 320346790 US

New Principal Place of Business:

96090 HIDDEN MARSH LANE
SUITE B
FERNANDINA BEACH, FL 320341654 US

Current Mailing Address:

990 WOODSTORK PLACE
SUITE B
FERNANDINA BEACH, FL 320346790 US

New Mailing Address:

96090 HIDDEN MARSH LANE
SUITE B
FERNANDINA BEACH, FL 320341654 US

FEI Number: 20-2082465 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLAIR, THOMAS A
45035 NEW OGILVIE ROAD
SUITE #3
CALLAHAN, FL 320113127 US

Name and Address of New Registered Agent:

GAMBLE, LINDA J
96090 HIDDEN MARSH LANE
SUITE #A
FERNANDINA BEACH, FL 320341654 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: LINDA J. GAMBLE 01/08/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GAMBLE, LINDA J
Address: 990 WOODSTORK PLACE, STE A
City-St-Zip: FERNANDINA BEACH, FL 320346790 US

Title: VPTD ( ) Delete
Name: GAMBLE, CHRISTOPHER C SR
Address: 990 WOODSTORK PLACE, STE A
City-St-Zip: FERNANDINA BEACH, FL 320346790 US

Title: SD (X) Delete
Name: BLAIR, THOMAS A
Address: 45035 NEW OGILVIE ROAD, SUITE #3
City-St-Zip: CALLAHAN, FL 320113127 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: GAMBLE, LINDA J
Address: 96090 HIDDEN MARSH LANE
City-St-Zip: FERNANDINA BEACH, FL 320341654 US

Title: DVPS (X) Change ( ) Addition
Name: GAMBLE, CHRISTOPHER C SR
Address: 96090 HIDDEN MARSH LANE
City-St-Zip: FERNANDINA BEACH, FL 320341654 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LINDA J. GAMBLE DPT 01/08/2009
Electronic Signature of Signing Officer or Director Date