

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000004592

FILED
Aug 15, 2007
Secretary of State

Entity Name: TREASURE COAST INSPECTIONS, INC.

Current Principal Place of Business:

920 YEW STREET
SEBASTIAN, FL 32976

New Principal Place of Business:

548 SW SQUIRE JOHNS LN
PALM CITY, FL 34990

Current Mailing Address:

920 YEW STREET
SEBASTIAN, FL 32976

New Mailing Address:

548 SW SQUIRE JOHNS LN
PALM CITY, FL 34990

FEI Number: 88-5003230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTTI, FRANK
920 YEW STREET
SEBASTIAN, FL 32976 US

Name and Address of New Registered Agent:

SCOTTI, FRANK
548 SW SQUIRE JOHNS LN
PALM CITY, FL 34990 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: FRANK A SCOTTI

08/15/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCOTTI, FRANK
Address: 920 YEW STREET
City-St-Zip: SEBASTIAN, FL 32976

Title: V () Delete
Name: SCOTTI, CATHERINE
Address: 920 YEW STREET
City-St-Zip: SEBASTIAN, FL 32976

Title: VP () Delete
Name: SCOTTI, JOEY
Address: 920 YEW STREET
City-St-Zip: SEBASTIAN, FL 32976

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCOTTI, FRANK
Address: 548 SW SQUIRE JOHNS LN
City-St-Zip: PALM CITY, FL 34990

Title: V (X) Change () Addition
Name: SCOTTI, CATHERINE
Address: 548 SW SQUIRE JOHNS LN
City-St-Zip: PALM CITY, FL 34990

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

Title: VB () Change (X) Addition
Name: TRUMUTA, SAL
Address: 8458 XANTHUS LANE
City-St-Zip: WELLINGTON, FL 33414

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: FRANK A SCOTTI

PRES

08/15/2007

Electronic Signature of Signing Officer or Director

Date