


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90049 001 ***450.00

DOCUMENT # P05000007862	
1. Entity Name IND INSPECTOR NEXT DOOR, INC	

Principal Place of Business P.O.BOX. 452762 KISSIMMEE, FL 34745	Mailing Address P.O.BOX. 452762 KISSIMMEE, FL 34745
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03042006 Chg-P CR2E034 (11/05)

4. FEI Number		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		7. Name and Address of New Registered Agent
ROSADO, EDWIN 1250 WINDWAY CIR KISSIMMEE, FL 34744		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		FL Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ROSADO, EDWIN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSADO, EDWIN	NAME	
STREET ADDRESS	P.O.BOX. 452762	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34745	CITY-ST-ZIP	
TITLE	VP ROSADO, EDWIN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSADO, EDWIN	NAME	
STREET ADDRESS	P.O.BOX. 452762	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34745	CITY-ST-ZIP	
TITLE	D ROSADO, EDWIN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSADO, EDWIN	NAME	
STREET ADDRESS	P.O.BOX. 452762	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34745	CITY-ST-ZIP	
TITLE	SEC ROSADO, MARY A <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSADO, MARY A	NAME	
STREET ADDRESS	P.O.BOX. 452762	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34745	CITY-ST-ZIP	
TITLE	TRES ROSADO, MARY A <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSADO, MARY A	NAME	
STREET ADDRESS	P.O.BOX. 452762	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34745	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **3/10/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #