2008 FOR PROFIT CORPORATION

Apr 17, 2008 08:00 A Secretary of State ANNUAL REPORT **DOCUMENT # P05000020580** HOUSE DOCTOR HOME INSPECTIONS, INC. Principal Place of Business Mailing Address 8292 W. PINE BLUFF STREET 8292 W. PINE BLUFF STREET CRYSTAL RIVER, FL 34428 CRYSTAL RIVER, FL 34428 CR2E034 (11/05) 03192008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2317593 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LOFLEY, SCOTT 8292 W. PINE BLUFF STREET CRYSTAL RIVER, FL 34428 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. U00000904648 TITLE 05/01/08-80021-008 158.75 NAME LOFLEY, SCOTT 8292 W. PINE BLUFF STREET STREET ADDRESS CRYSTAL RIVER, FL 34428 CITY-ST-ZIP STD TITLE LOFLEY, LISA NAME STREET ADDRESS 8292 W. PINE BLUFF STREET CITY-ST-ZIP CRYSTAL RIVER, FL. 34428 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 frue 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED