


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State


07-21-2006 90028 014 ***158.75

DOCUMENT # P05000021975	
1. Entity Name ALL- AMERICAN HOME INSPECTORS, INC.	

Principal Place of Business 335 TROPICAL LANE ORMOND BEACH, FL 32174 US	Mailing Address P.O. BOX 731625 ORMOND BEACH, FL 32173 US
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2. Principal Place of Business 10 Seven Champions Path	3. Mailing Address Same as above
Suite, Apt. #, etc.	Suite, Apt. #, etc.

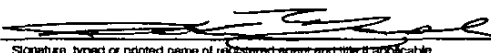
City & State Palm Coast, Florida	City & State
Zip 32164	Country USA

	
07132006 Chg-P	CR2E034 (11/05)
4. FEI Number 20-2310771	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOCK, JOHN M JR. 335 TROPICAL LANE ORMOND BEACH, FL 32174	
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7. Name and Address of New Registered Agent	
Name Mock, John M. Jr.	
Street Address (P.O. Box Number is Not Acceptable) 10 Seven Champions Path N	
City Palm Coast	FL Zip Code 32164

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  **John M. Mock Jr.** 7/17/06
Signature, typed or printed name of registered agent and user is applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOCK, JOHN M JR. 335 TROPICAL LANE ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOCK, LISA 335 TROPICAL LANE ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T MOCK, LISA 335 TROPICAL LANE ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mock, John M Jr. 10 Seven Champions Path N Palm Coast, FL. 32164 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Mock, Lisa 10 Seven Champions Path N Palm Coast, FL. 32164 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T Mock, Lisa 10 Seven Champions Path N Palm Coast, FL. 32164 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **John M. Mock Jr.** 7/17/06 (386)437-1832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #