


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90049 021 \*\*\*150.00

<b>DOCUMENT # P05000059266</b>	
1. Entity Name <b>VANTAGE PROPERTY INSPECTION INC</b>	

Principal Place of Business <b>620 GREENSWARD KS-104 DELRAY BEACH, FL 33445</b>	Mailing Address <b>14545 J MILITARY # 178 DELRAY BEACH, FL 33445</b>
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**40023400**



2. Principal Place of Business - No P.O. Box # <b>620 Greensward</b>	3. Mailing Address <b>620 Greensward</b>
Suite, Apt. #, etc. <b>KS-104</b>	Suite, Apt. #, etc. <b>KS-104</b>

02202007 Chg-P CR2E034 (12/06)

City & State <b>Delray Beach FL</b>	City & State <b>Delray Beach, FL</b>
Zip <b>33445</b>	Zip <b>33445</b>
Country <b>U.S.A</b>	Country <b>USA</b>

4. FEI Number <b>20-2737253</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>THOMAS, TROY N MR 620 GREENSWARD KS-104 DELRAY BEACH, FL 33445</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 _____	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P THOMAS, TROY N MR 620 GREENSWARD KS-104 DELRAY BEACH, FL 33445</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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.

<b>SIGNATURE:</b> 	DATE _____	Daytime Phone # _____
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