

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90085 013 \*\*\*158.75

<b>DOCUMENT # P05000068460</b>					
<b>1. Entity Name</b> AFFORDABLE QUALITY INSPECTIONS INC.					
<b>Principal Place of Business</b> 4032 COLLINS ROAD ORANGE PARK, FL 32073			<b>Mailing Address</b> 4032 COLLINS ROAD ORANGE PARK, FL 32073		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 3750 SILVER BLUFF BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 308		03272006    Chg-P    CR2E034 (11/05)	
City & State		City & State ORANGE PARK, FLORIDA		<b>4. FEI Number</b>	
Zip		Zip 32065		Country US	
Country		Country US		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  DAVIS, KENNETH A 4032 COLLINS ROAD ORANGE PARK, FL 32073			<b>7. Name and Address of New Registered Agent</b>		
			Name KENNETH A DAVIS		
			Street Address (P.O. Box Number is Not Acceptable) 3750 SILVER BLUFF BLVD.		
			APT# 308		
			City ORANGE PARK		
			FL    Zip Code 32065		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, KENNETH A 4032 COLLINS ROAD ORANGE PARK, FL 32073	<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			
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			
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			
<b>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>					
<b>SIGNATURE:</b> <u>Kenneth A Davis</u> <b>KENNETH A DAVIS</b> 04/15/06 904-759-1007					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					