


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90003 050 ***150.00

DOCUMENT # P05000078134					
1. Entity Name DELUXE REAL ESTATE INSPECTORS, INC.					
Principal Place of Business 208 JAYVIEW AVENUE LEHIGH ACRES, FL 33936 US			Mailing Address P.O. BOX 1959 LEHIGH ACRES, FL 33970 US		
2. Principal Place of Business 2801 EAST 9th ST		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LEHIGH ACRES, FL		City & State		4. FEI Number	
Zip 33972		Country USA		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02072006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent CASANOVA, LIZARDO MR. 208 JAYVIEW AVENUE LEHIGH ACRES, FL 33936			7. Name and Address of New Registered Agent Name <u>CASANOVA, LIZARDO MR.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2801 EAST 9th ST</u> <u>LEHIGH ACRES,</u> City <u>FL</u> Zip Code <u>33972</u>		
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: <u>[Signature]</u> <u>PRESIDENT</u> DATE: <u>2/15/2006.</u> <small>Signature, must be printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. CASANOVA, LIZARDO MR. 208 JAYVIEW AVENUE LEHIGH ACRES, FL 33936	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIZARDO CASANOVA 2801 EAST 9th ST. LEHIGH ACRES, FL 33972-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEREZ, ABEL MR. 208 JAYVIEW AVENUE LEHIGH ACRES, FL 33936	<input checked="" 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	<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"/> Delete	<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"/> Delete	<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 an other like empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>2/15/2006.</u> (239) 265-7229 <small>Daytime Phone #</small>	