

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000080145

Entity Name: PROINSPECT, INC.

FILED
Jan 11, 2007
Secretary of State

Current Principal Place of Business:

905 PONDER ROAD
KNOXVILLE, TN 37923 US

New Principal Place of Business:

9438 TRAILS END ROAD
KNOXVILLE, TN 37931 US

Current Mailing Address:

905 PONDER ROAD
KNOXVILLE, TN 37923 US

New Mailing Address:

9438 TRAILS END ROAD
KNOXVILLE, TN 37931 US

FEI Number: 13-4344240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEWIS, TOM D
Address: 905 PONDER ROAD
City-St-Zip: KNOXVILLE, TN 37923 US

Title: VP () Delete
Name: LEWIS, SUSAN I
Address: 905 PONDER ROAD
City-St-Zip: KNOXVILLE, TN 37923 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEWIS, TOM D
Address: 9438 TRAILS END ROAD
City-St-Zip: KNOXVILLE, TN 37931 US

Title: VP (X) Change () Addition
Name: LEWIS, SUSAN I
Address: 9438 TRAILS END ROAD
City-St-Zip: KNOXVILLE, TN 37931 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM D. LEWIS

P

01/11/2007

Electronic Signature of Signing Officer or Director

Date