


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90213 049 \*\*\*150.00

<b>DOCUMENT # P05000098698</b> 1. Entity Name <b>STRYKKER HOME INSPECTIONS INC.</b>																	
Principal Place of Business <b>1011 SE SPINNAKER AVE PORT ST LUCIE, FL 34983</b>			Mailing Address <b>1011 SE SPINNAKER AVE PORT ST LUCIE, FL 34983</b>														
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>3331 SW 40 AVE</b>  Suite, Apt. #, etc.															
City & State  Zip		City & State <b>Hollywood FL 33023</b> Zip <b>33023</b>		4. FEI Number <b>16-172-8606</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>													
Applied For Not Applicable		6. Name and Address of Current Registered Agent <b>A1A REGISTERED AGENT INC. 92 SADBERRY ROAD QUINCY, FL 32351</b>															
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS															
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width: 70%;">           P BELLO, CESAR 1011 SE SPINNAKER AVE PORT ST LUCIE, FL 34983           <div style="text-align: right;"><input type="checkbox"/> Delete</div> </td> </tr> <tr> <td>           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td>           VP CEDANO, KIRSYS A 3331 SW 40 AVE. HOLLYWOOD, FL 33023           <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div> </td> </tr> <tr> <td>           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td> <div style="text-align: right;"><input type="checkbox"/> Delete</div> </td> </tr> <tr> <td>           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td> <div style="text-align: right;"><input type="checkbox"/> Delete</div> </td> </tr> <tr> <td>           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td> <div style="text-align: right;"><input type="checkbox"/> Delete</div> </td> </tr> <tr> <td>           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td> <div style="text-align: right;"><input type="checkbox"/> Delete</div> </td> </tr> </table>				TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELLO, CESAR 1011 SE SPINNAKER AVE PORT ST LUCIE, FL 34983 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CEDANO, KIRSYS A 3331 SW 40 AVE. HOLLYWOOD, FL 33023 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>
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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: _____ <b>4/15/06</b> - <b>954-592 1117</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #															

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