

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103793

FILED
Jul 05, 2006
Secretary of State

Entity Name: MESA IS HOME INSPECTOR, INC

Current Principal Place of Business:

8895 SW 209 CT RD
DUNNELLON, FL 34431

New Principal Place of Business:

3101 SW 34TH AVE
142
OCALA, FL 34474

Current Mailing Address:

8895 SW 209 CT RD
DUNNELLON, FL 34431

New Mailing Address:

3101 SW 34TH AVE
142
OCALA, FL 34474

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERNAL, CLAUDIA
8895 SW 209 CT RD
DUNNELLON, FL 34431 US

Name and Address of New Registered Agent:

BERNAL, CLAUDIA
3101 SW 34TH AVE
142
OCALA, FL 34474 US

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: CLAUDIA BERNAL

07/05/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BERNAL, CLAUDIA
Address: 8895 SW 209 CT RD
City-St-Zip: DUNNELLON, FL 34431

Title: VP () Delete
Name: MESA, DANIEL
Address: 8895 SW 209 CT RD
City-St-Zip: DUNNELLON, FL 34431

Title: T () Delete
Name: MESA, JULIAN
Address: 8895 SW 209 CT RD
City-St-Zip: DUNNELLON, FL 34431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BERNAL, CLAUDIA
Address: 3101 SW 34TH AVE #142
City-St-Zip: OCALA, FL 34474

Title: VP (X) Change () Addition
Name: MESA, DANIEL
Address: 3101 SW 34TH AVE #142
City-St-Zip: OCALA, FL 34474

Title: T (X) Change () Addition
Name: MESA, JULIAN
Address: 3101 SW 34TH AVE #142
City-St-Zip: OCALA, FL 34474

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: CLAUDIA BERNAL

P

07/05/2006

Electronic Signature of Signing Officer or Director

Date