2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2006 8:00 am Secretary of State

DOCUMENT # P05000146128 1. Entity Name ASSET INQUIRY INCORPORATED					04-12-2006	90095 00	4 ***15	0.00
Principal Place of Business	Mailing Address			1				
1730 SHADOWOOD LN 1730 SHADOWOOD LN								
SUITE 302 SUITE 302								
JACKSONVILLE, FL 32207	JACKSONVILLE, FL 3:	2207				 	HEIB HEEL TEH	E
2. Principal Place of Business	3. Mailing Address	. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.			04052006	Chg-P	CR2E034	(11/05)	
City & State	City & State			4. FEI Number	34489		_ 	olied For Applicable
Zip Country	Zip	Coun	itry	5. Certificate of		□ Fe	B.75 Addi e Required	
6. Name and Address of Curre	nt Registered Agent		N	7. Name and A	ddress of New R	egistered Ag	ent	
TROTTI FETUERI			Name					
TROTTI, ESTHER L 1730 SHADOWOOD LN SUITE 302			Street Address (P.O. Box Number is Not Acceptable)					
JACKSONVILLE, FL 32207								
			City	FL Zip Code				·
8. The above named entity submits this statement	for the purpose of changing i	ts register	Led office or registe	red agent, or both,	in the State of Flo	rida. I am far	niliar with, a	and accept
the obligations of registered agent.			J					
SIGNATURE								ţ
Signature, typed or printed name of registered ago	ent and title if applicable. (No.	OTE: Registere	d Agent signature require	d when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550	9. Election Camp Trust Fund Co	-		.00 May Be ded to Fees				
								l
10. OFFICERS AN	ID DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND D	IRECTORS	IN 11
TITLE PD OFFICERS AN	ID DIRECTORS Delete	11.		ADDITIONS/C	HANGES TO OFF		RECTORS Change	IN 11
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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 empoyered 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 all other like empoyered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904399-1616 Dayline Phone #