


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000101460		
1. Entity Name HARDNETT HOME INSPECTION CORP.		

FILED
08 SEP 30 PM 2:04
TALLAHASSEE, FLORIDA

Principal Place of Business 1130 EAST MOUNTAIN DRIVE WEST PALM BEACH, FL 33406 US	Mailing Address 1130 EAST MOUNTAIN DRIVE WEST PALM BEACH, FL 33406 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country

07022008 Chg-P CR2E034 (12/06)

4. FEI Number APPLIED FOR 20-5310682	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
HARDNETT, ANGRINETTE B MRS 1130 EAST MOUNTAIN DRIVE WEST PALM BEACH, FL 33406	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 _____ DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE 700136519907	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARDNETT, LAWRENCE D		NAME 10/01/08--01025--015 **150.00	
STREET ADDRESS 1130 EAST MOUNTAIN DRIVE		STREET ADDRESS	
CITY-STATE-ZIP WEST PALM BEACH FL 33406		CITY-STATE-ZIP	
TITLE V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARDNETT, ANGRINETTE B		NAME	
STREET ADDRESS 1130 EAST MOUNTAIN DRIVE		STREET ADDRESS	
CITY-STATE-ZIP WEST PALM BEACH FL 33406		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

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: *Angrinette Hardnett* **9.9.08** **561 633-6163**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #