2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 01, 2007 8:00 am Secretary of State DOCUMENT # P06000104341 1. Entity Namo 05-01-2007 90014 034 ***150.00 ADVANCE BUILDING INSPECTION, INC. Principal Place of Business Mailing Address 6278 N FEDERAL HWY UNIT 174 6278 N FEDERAL HWY UNIT 174 FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LINDOW, K. RICHARD JR. Street Address (P.O. Box Number is Not Acceptable) 3800 GALT OCEAN DR STE 1107 FT LAUDERDALE FL 33308 Zip Code 8. The above named entity submits this 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 Signature, typed or printed name of registered agent and title r applicable. DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PDS TITLE Delete TITLE ☐ Change ☐ Addition TIERNEY, JAMES NAME NAME 6278 N FEDERAL HWY UNIT 174 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33308 CRY-ST-7IP CITY-ST-7IP THILE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP IIILE □ Defete THLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST-ZIP Delete THLE Change ☐ Addition STREET ADDRESS STREE! ADDRESS CITY-S1-71P CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY-SI-7IP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplier with that the initial does not dually find the members contained in Section 11st, Politica Statutes. This 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.

CITY - ST- ZIP

SIGNATURE:

CITY-ST-7IP

FILED