


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90007 048 \*\*\*150.00

<b>DOCUMENT # P06000107694</b> 1. Entity Name FIELD INSPECTIONS BY XQUISIT, INC.			
Principal Place of Business 3189 ASHFORD SQUARE VERO BEACH, FL 32966		Mailing Address 3189 ASHFORD SQUARE VERO BEACH, FL 32966	
2. Principal Place of Business - No P.O. Box # 9377 <del>Bona</del> Via Grande W		3. Mailing Address 9377 VIA GRANDE W	
Suite, Apt. #, etc. Wellington, FL		Suite, Apt. #, etc. Wellington, FL	
City & State Wellington, FL		City & State Wellington, FL	
Zip 33411		Zip 33411	
Country PALM BEACH		Country PALM BEACH	
4. FEI Number 76-0836180		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  FREIBERG, STEPHEN 3189 ASHFORD SQUARE VERO BEACH, FL 32966		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 9377 VIA GRANDE W. City Wellington FL Zip Code 33411	
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 <i>Stephen Freiberg</i> DATE 4/30/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREIBERG, STEPHEN 3189 ASHFORD SQUARE VERO BEACH, FL 32966	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9377 Via Grande W WELLINGTON, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO FREIBERG, HELENE 3189 ASHFORD SQUARE VERO BEACH, FL 32966	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9377 Via Grande W WELLINGTON, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Stephen Freiberg</i> DATE 4/30/07 DAYTIME PHONE 337-8776 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			