2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008
Secretary of State

DOCUMENT# P06000113934

Entity Name: PROPERTY INSPECTION SYSTEMS OF NE FLORIDA, INC.

Current Principal Place of Business:

11035 HARBOR CAY COURT
JACKSONVILLE, FL 32225

New Principal Place of Business:

4842 YACHT BASIN DRIVE
JACKSONVILLE, FL 32225

Current Mailing Address:

11035 HARBOR CAY COURT
JACKSONVILLE, FL 32225

New Mailing Address:

4842 YACHT BASIN DRIVE
JACKSONVILLE, FL 32225

FEI Number: 20-5509718 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALONGE, JOHN
11035 HARBOR CAY COURT
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

ALONGE, JOHN
4843 YACHT BASIN DRIVE
JACKSONVILLE, FL 32225 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: 02/19/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: ALONGE, JOHN
Address: 11035 HARBOR CAY COURT
City-St-Zip: JACKSONVILLE, FL 32225

Title: SEC ( ) Delete
Name: ALONGE, JOHN
Address: 11035 HARBOR CAY COURT
City-St-Zip: JACKSONVILLE, FL 32225

Title: TREA ( ) Delete
Name: ALONGE, JOHN
Address: 11035 HARBOR CAY COURT
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: ALONGE, JOHN
Address: 4842 YACHT BASIN DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: SEC (X) Change ( ) Addition
Name: ALONGE, JOHN
Address: 4842 YACHT BASIN DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: TREA (X) Change ( ) Addition
Name: ALONGE, JOHN
Address: 4842 YACHT BASIN DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify 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: JOHN ALONGE PRES 02/19/2008
Electronic Signature of Signing Officer or Director — Date