

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000064741

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: 3D HOME IMPROVEMENT AND INSPECTION SERVICES, INC.

## Current Principal Place of Business:

14639 DREAM CATCHER COURT  
CLERMONT, FL 34711

## New Principal Place of Business:

1390 HANCOCK ROAD  
SUITE 202-4  
CLERMONT, FL 34711

## Current Mailing Address:

14639 DREAM CATCHER COURT  
CLERMONT, FL 34711

## New Mailing Address:

1390 HANCOCK ROAD  
SUITE 202-4  
CLERMONT, FL 34711

FEI Number: 80-0208326

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, DAVID A SR.  
14639 DREAM CATCHER COURT  
CLERMONT, FL 34711 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WILLIAMS, DAVID A SR.  
Address: 14639 DREAM CATCHER COURT  
City-St-Zip: CLERMONT, FL 34711

Title: VP ( ) Delete  
Name: WILLIAMS, PAMELA  
Address: 14639 DREAM CATCHER COURT  
City-St-Zip: CLERMONT, FL 34711

Title: VP ( ) Delete  
Name: WILLIAMS, GLADSTON  
Address: 3840 PELL MELL DRIVE  
City-St-Zip: ORLANDO, FL 32818

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID A. WILLIAMS, SR.

P

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date