

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000068585

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** PROFESSIONAL TECHNICAL INSPECTIONS, INC.

**Current Principal Place of Business:**

6267 GRAPEVIEW BLVD  
LOXAHATCHEE, FL 33470 US

**New Principal Place of Business:**

**Current Mailing Address:**

6267 GRAPEVIEW BLVD  
LOXAHATCHEE, FL 33470 US

**New Mailing Address:**

**FEI Number:** 27-0743832

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIS, MICHAEL  
6267 GRAPEVIEW BLVD  
LOXAHATCHEE, FL 33470 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

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: DAVIS, MICHAEL  
Address: 6267 GRAPEVIEW BLVD  
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: VP  
Name: GULLIVER, EDWARD JOHN  
Address: 21545 TWP RD 540 ARDROSSAN, ALBERTA  
City-St-Zip: CANADA T8E 2B6, US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL L DAVIS

PRES

04/26/2011

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

\_\_\_\_\_  
Date