

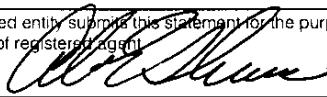
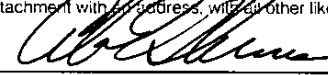


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90475 038 ***150.00

DOCUMENT # P93000018908 1. Entity Name ICS INEX INSPECTION SYSTEMS, INC.					
Principal Place of Business 306 TENTH AVENUE N SAFETY HARBOR, FL 34695 US				Mailing Address 306 TENTH AVENUE N SAFETY HARBOR, FL 34968 US	
2. Principal Place of Business 13075 US Hwy 19 N Suite, Apt. #, etc.		3. Mailing Address 13075 US Hwy 19 N Suite, Apt. #, etc.			
City & State Clearwater FL		City & State Clearwater FL		4. FEI Number 59-3171136	
Zip 33764		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, ALAN E 306 TENTH AVENUE N SAFETY HARBOR, FL 34695				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13075 US Hwy 19 N City Clearwater FL Zip Code 33764	
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 THOMAS, ALAN E 3251 NICKS PLACE CLEARWATER, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLOWERS, WILLIAM A 2882 DEER RUN NORTH CLEARWAER, FL 33761	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANN, FRANKLIN D 4 BELLEVUE BLVD., #807 BELLEVUE, FL 33756	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Glen A. Long 7498 Watersilk Dr Pinellas Park, FL 33782	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Glen A. Long 7498 Watersilk Dr Pinellas Park, FL 33782	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Glen A. Long 7498 Watersilk Dr Pinellas Park, FL 33782	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, will or other like empowered.					
SIGNATURE: 				4/27/05 (727) 535-5502	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	