

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90124 050 \*\*\*150.00

<b>DOCUMENT # P94000059493</b> 1. Entity Name <b>INSPECTIONS PLUS, INC.</b>																																	
Principal Place of Business <b>1900 LAND O'LAKES BLVD. SUITE 117 LUTZ, FL 33549</b>			Mailing Address <b>1900 LAND O'LAKES BLVD. SUITE 117 LUTZ, FL 33549</b>																														
2. Principal Place of Business <b>20621 Arthur Ct</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>20621 Arthur Ct</b> <small>Suite, Apt. #, etc.</small>																															
City & State <b>Lutz, FL</b>		City & State <b>Lutz, FL</b>		4. FEI Number <b>65-0519923</b>																													
Zip <b>33558</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																													
6. Name and Address of Current Registered Agent  <b>LUSSENDEN, BRIAN D 1900 LAND O'LAKES BLVD. SUITE 117 LUTZ, FL 33549</b>				7. Name and Address of New Registered Agent Name <b>Lussenden, Brian D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>20621 Arthur Ct</b> City <b>Lutz</b> <b>FL</b> Zip Code <b>33558</b>																													
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 <b>Brian D. Lussenden</b> Pres <b>Brian D. Lussenden</b> DATE <b>4/19/06</b> <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, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>PSTD LUSSENDEN, BRIAN D 1900 LAND O'LAKES BLVD., SUITE 117 LUTZ, FL 33549</b> <input type="checkbox"/> Delete             </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD LUSSENDEN, BRIAN D 1900 LAND O'LAKES BLVD., SUITE 117 LUTZ, FL 33549</b> <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>PSTD Lussenden, Brian D. 20621 Arthur Ct Lutz, FL 33558</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD Lussenden, Brian D. 20621 Arthur Ct Lutz, FL 33558</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
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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. <b>SIGNATURE: Brian D. Lussenden Pres BRIAN D. Lussenden</b> 4/19/06 813 948 2359 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																	