2004 FOR PROFIT CORPORATION

May 03, 2004 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P95000016662 PROFESSIONAL HOME INSPECTION, INC. Principal Place of Business Mailing Address 1020 49TH STREET SOUTH 1020 49TH STREET SOUTH ST. PETERSBURG, FL 33707 ST. PETERSBURG, FL 33707 01112004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3301811 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BINGHAM, MICHAEL DO NOT WRITE 485 12TH AVE., NORTH ST. PETERSBURG, FL 33701 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) U00000152344 05/04/04-80081-024 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE BINGHAM, ROBERT MICHAEL NAME STREET ADDRESS 1020 49TH STREET SOUTH CITY-ST-ZIP ST. PETERSBURG, FL 33707 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this fiting 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 it changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

1-21-2004 President

(727) 323-8866

Davime Phone #

FILED