

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000015552

FILED
Apr 18, 2007
Secretary of State

Entity Name: 1ST CHOICE HOME INSPECTIONS, INC.

Current Principal Place of Business:

8401 SW 26 ST
DAVIE, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 292191
DAVIE, FL 33329 US

New Mailing Address:

FEI Number: 65-0647275 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWRIE, EILEEN
8401 SW 26 ST
DAVIE, FL 33324 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: PT () Delete
Name: LAWRIE, DUNCAN
Address: 8401 SW 26 ST
City-St-Zip: DAVIE, FL 33324

Title: VPS () Delete
Name: LAWRIE, EILEEN
Address: 8401 SW 26 ST
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: EILEEN LAWRIE

VPS

04/18/2007

Electronic Signature of Signing Officer or Director

_____ Date