2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000021566

Entity Name: HOME & INSURANCE INSPECTIONS OF AMERICA, INC.

FILED Sep 15, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

16212 COPPERFIELD DR. 7208 N. HOLLOWELL DR. TAMPA, FL 33634

TAMPA, FL 33618

Current Mailing Address: New Mailing Address:

P.O. BOX 151644 4644 W. GANDY BLVD. TAMPA, FL 33684 #4-143

TAMPA, FL 33611

FEI Number: 59-3502715 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

MALOWNEY, CHARLES M WAGNER, DARLENE K 7208 N. HOLLOWELL DR. 4644 W. GANDY BLVD. TAMPA, FL 33634 #4-143 TAMPA, FL 33611 US

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: DARLENE K. WAGNER 09/15/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

MALOWNEY, CHARLES M WAGNER, DARLENE K Name: Name: 7208 N. HOLLOWELL DR. Address: 4644 W. GANDY BLVD., #4-143 Address:

City-St-Zip: TAMPA, FL 33634 City-St-Zip: TAMPA, FL 33611

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: DARLENE K. WAGNER **PRES** 09/15/2006

Electronic Signature of Signing Officer or Director

Date