

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000036740

FILED
Feb 15, 2006
Secretary of State

Entity Name: DIVERSIFIED PRODUCT INSPECTIONS, INC.

Current Principal Place of Business:

1059 E. TRI-COUNTY BLVD
OLIVER SPRINGS, TN 37840

New Principal Place of Business:

Current Mailing Address:

1059 E. TRI-COUNTY BLVD
OLIVER SPRINGS, TN 37840

New Mailing Address:

FEI Number: 59-3087128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: PCCE () Delete
Name: VAN ZYLL, JOHN
Address: 10 59 E. TRI-COUNTY BLVD
City-St-Zip: OLIVER SPRINGS, TN 37840

Title: SD () Delete
Name: FURLONG, ANN M
Address: 1059 E. TRI-COUNTY BLVD
City-St-Zip: OLIVER SPRINGS, TN 37840

Title: COOD () Delete
Name: STACY, MARVIN
Address: 1059 E. TRI-COUNTY BLVD
City-St-Zip: OLIVER SPRINGS, TN 37840

Title: COOD (X) Delete
Name: STACY, MARVIN
Address: 1059 E. TRI-COUNTY BLVD.
City-St-Zip: OLIVER SPRINGS, TN 37840

Title: D () Delete
Name: WANKELMAN, WILLARD W
Address: 1059 E. TRI-COUNTY BLVD.
City-St-Zip: OLIVER SPRINGS, TN 37840

Title: D () Delete
Name: WALTERS, MATTHEW
Address: 1059 E. TRI-COUNTY BLVD.
City-St-Zip: OLIVER SPRINGS, TN 37840

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANN M. FURLONG

SD

02/15/2006

Electronic Signature of Signing Officer or Director

Date