2006 FOR PROFIT CORPORATION

Feb 23, 2006 08:00 AM ANNUAL REPORT **Secretary of State DOCUMENT # P98000066406** PROTECT BUILDING INSPECTIONS, INC. Principal Place of Business Mailing Address 6060 61 STREET P.O. BOX 120605 W MELBOURNE, FL 32912 VERO BEACH, FL 32967 01152006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3526719 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EDER, WILLIAM S DO NOT WRITE 6061 61ST STREET VERO BEACH, FL 32967 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 re, typed or pru ted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) U000000444246 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 03/06/06-30044-018 150.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PVPS 1171 F EDER, WILLIAM S PO BOX 120605 STREET ADDRESS W. MELBOURNE, FL 32912 CITY-ST-ZIP SITLE NAME STREET ACCRESS CITY-ST-ZIP TITLE NAME

DO NOT WRITE IN THIS SPACE

FILED

12. Thereby certify that the information supplied with this filling 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.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS CCTY-ST-ZIP TITLE NAME STREET ADDRESS City-St-ZiP DILE NAME STREET ADDRESS CITY-ST-ZIP

TED HAME OF SIGNING OFFICER OR DIRECTOR

2/20/06 (32)242-2233