

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000081460

1. Entity Name
INSPECT NET, INC.



2. Place of Business
602 NE 36TH STREET
OAKLAND PARK, FL 33334

Mailing Address
802 NE 36TH STREET
OAKLAND PARK, FL 33334

2. Principal Place of Business
802 NE 36TH ST

Suite, Apt. #, etc.

3. Mailing Address
802 NE 36TH ST

Suite, Apt. #, etc.

City & State
OAKLAND PARK, FL

City & State
OAKLAND PARK, FL

Zip 33334

Country USA

Zip 33334

Country USA

4. FEI Number
65-0948603

Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, DAVID J
602 N.E. 36TH STREET
OAKLAND PARK, FL 33334

7. Name and Address of New Registered Agent

Name THOMAS, DAVID J.

Street Address (P.O. Box Number is Not Acceptable)

802 NE 36TH ST

City OAKLAND PARK FL Zip Code 33334

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST THOMAS, DAVID J 602 NE 36TH STREET OAKLAND PARK, FL 33334	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST THOMAS, DAVID J 802 NE 36TH ST OAKLAND PARK, FL 33334	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE

David J. Thomas PRES

2/18/05 934 568-6767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #