


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90009 039 ***150.00

DOCUMENT # P99000087658
 1. Entity Name
LATITUDE 24 INSPECTION SERVICES, INC.



Principal Place of Business Mailing Address
1800 ATLANTIC BOULEVARD **1800 ATLANTIC BOULEVARD**
C-319 **C-319**
KEY-WEST, FL 33040 **KEY-WEST, FL 33040**

20059318



2. Principal Place of Business 3. Mailing Address
1800 Atl. Blvd. **PO Box 5193**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
C 319 **—**

04252005 Chg-P CR2E034 (10/03)

City & State City & State
KW FL **KW FL**
 Zip Country Zip Country
33040 **USA** **33045** **USA**

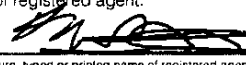
4. FEI Number Applied For
65-0953361 Not Applicable

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

6. Name and Address of Current Registered Agent
JORDAN, ED
14442 S.W. 172ND LANE
MIAMI, FL 33177

7. Name and Address of New Registered Agent
 Name **Jordan, Ed**
 Street Address (P.O. Box Number is Not Acceptable)
14442 SW 172nd Lane
 City State Zip Code
Miami **FL** **33177**

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:  DATE: **20 MAY 2005**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00 May Be**
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	VITALE, MARK J
STREET ADDRESS	1800 ATLANTIC BLVD #C319
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **M. J. Vitale** Date: **18 MAY 2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #