2008 FOR PROFIT CORPORATION

changed, or on an attachment wi

SIGNATURE:

Apr 18, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # V28632** 04-18-2008 90034 029 ***150.00 1. Entity Name INSPECT NOW, INC. Principal Place of Business Mailing Address 22784 MARBELLA CIRCLE 22784 MARBELLA CIRCLE BOCA RATON, FL 33433 BOCA RATON, FL 33433 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6246 Thanes Place 6246 Thames Place Suite, Apt. #, etc. Suite, Apt. #, etc 04112008 CR2E034 (12/06) City & State 4. FEI Number Applied For City & State Vero Beac Vero Beac 65-0327318 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required USA 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Ronald SABAC SABAC, RONALD Street Address (P.O. Box Number is Not Acceptable) 22784 MARBELLA CIRCLE 6246 Thames DLACE BOCA RATON, FL 33433 Zip Code 3 2966 8. The above remode entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligation registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. TITLE Change ☐ Addition TITLE Delete SABAC, RONALD NAME NAME 6246 Thames Place 22784 MARBELLA CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP ☐ Addition TITLE Delete MAKAE STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE DILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 12. Thereby certify that the information supplied with this filing 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

FILED

Daytime Phone #