


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90267 041 \*\*\*150.00

<b>DOCUMENT # F02000002552</b>					
1. Entity Name LANDAMERICA PROPERTY INSPECTION SERVICES, INC.					
Principal Place of Business 925 NORTH POINT PARKWAY, SUITE 400 ALPHARETTA, GA 30005			Mailing Address 101 GATEWAY CENTRE PKWY GATEWAY ONE RICHMOND, VA 23235		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 02-0573178	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PARTIN, JAMES D 2300 MAITLAND CENTER PARKWAY, SUITE 100 MAITLAND, FL 32751			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Asst. Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAUGHAN, JEFFREY D		NAME	Hope M. Vaughan	
STREET ADDRESS	101 GATEWAY CENTRE PARKWAY, GATEWAY ONE		STREET ADDRESS	101 Gateway Centre Parkway	
CITY-ST-ZIP	RICHMOND, VA 23235		CITY-ST-ZIP	Richmond VA 23235	
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRASER, REVELL L		NAME		
STREET ADDRESS	925 NORTH POINT PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	ALPHARETTA, GA 30005		CITY-ST-ZIP		
TITLE	VPAS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNSTEIN, ANDREW S		NAME		
STREET ADDRESS	101 GATEWAY CENTRE PARKWAY, GATEWAY ONE		STREET ADDRESS		
CITY-ST-ZIP	RICHMOND, VA 23235		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORD, NATHAN M		NAME		
STREET ADDRESS	101 GATEWAY CENTRE PARKWAY, GATEWAY ONE		STREET ADDRESS		
CITY-ST-ZIP	RICHMOND, VA 23235		CITY-ST-ZIP		
TITLE	SVPT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, RONALD B		NAME		
STREET ADDRESS	101 GATEWAY CENTRE PARKWAY, GATEWAY ONE		STREET ADDRESS		
CITY-ST-ZIP	RICHMOND, VA 23235		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNSTEIN, ANDREW S		NAME		
STREET ADDRESS	101 GATEWAY CENTRE PARKWAY, GATEWAY ONE		STREET ADDRESS		
CITY-ST-ZIP	RICHMOND, VA 23235		CITY-ST-ZIP		
12. I hereby 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Hope M. Vaughan</i>		Date: <i>4-28-06</i>		Daytime Phone #: <i>804 207 8097</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40086500



04292006 Chg-P CR2E034 (11/05)

Applied For  
 Not Applicable

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

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

SIGNATURE: *Hope M. Vaughan* Date: *4-28-06* Daytime Phone #: *804 207 8097*