

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004045

FILED
Apr 24, 2009
Secretary of State

Entity Name: THE HOME SERVICE STORE, INC.

Current Principal Place of Business:

80 WEST ST
SUITE 104
RUTLAND, VT 05701

New Principal Place of Business:

Current Mailing Address:

80 WEST ST
SUITE 104
RUTLAND, VT 05701

New Mailing Address:

FEI Number: 03-0364810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE - SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: ILBERTON, MARK
Address: 1701 BARRETT LAKES BLVD., STE 220
City-St-Zip: KENNESAW, GA 30144

Title: CFO () Delete
Name: PIERCE, DEAN
Address: 80 WEST STREET, STE 104
City-St-Zip: RUTLAND, VT 05701

Title: VP () Delete
Name: TURNER, MICHAEL K
Address: 1701 BARRETT LAKES BLVD., STE 220
City-St-Zip: KENNESAW, GA 30144

Title: CONT () Delete
Name: STROM-OLSON, ALF
Address: 80 WEST STREET, STE 104
City-St-Zip: RUTLAND, VT 05701

Title: SVP () Delete
Name: REMM, ANDREW
Address: 1701 BARRETT LAKES BLVD, STE 220
City-St-Zip: KENNESAW, GA 30144

Title: VP () Delete
Name: KEIFER, ANDREW
Address: 1701 BARRETT LAKES BLVD., STE 220
City-St-Zip: KENNESAW, GA 30144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CONT (X) Change () Addition
Name: STROM-OLSEN, ALF
Address: 80 WEST STREET, STE 104
City-St-Zip: RUTLAND, VT 05701

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HANS HUESSY

ATT.

04/24/2009

Electronic Signature of Signing Officer or Director

Date