

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121041

FILED
Apr 03, 2009
Secretary of State

Entity Name: TRUST ONE SOLUTIONS, LLC

Current Principal Place of Business:

1901 WEST BAY DRIVE
SUITE 17-214
LARGO, FL 33770

New Principal Place of Business:

1901 WEST BAY DRIVE
SUITE 17-214
LARGO, FL 33770 US

Current Mailing Address:

1901 WEST BAY DRIVE
SUITE 17-214
LARGO, FL 33770

New Mailing Address:

1901 WEST BAY DRIVE
SUITE 17-214
LARGO, FL 33770 US

FEI Number: 14-1991943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKERS, DAVID A
15777 BOLESTA RD #128
LARGO, FL 33760 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HEALTHY HOMES INTL I, NC
Address: 1901 WEST BAY DRIVE, SUITE 17-214
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DEKKER, LAUREL A
Address: 1901 WEST BAY DRIVE, SUITE 17-214
City-St-Zip: LARGO, FL 33770 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LAUREL A DEKKER

MGRM

04/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date