2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# P05000137146

Entity Name: HOME SELLING ASSISTANCE ELITE, INC.

Current Principal Place of Business:

4470 WESTON RD
DAVIE, FL 33331

New Principal Place of Business:

Current Mailing Address:

4900 SW 170TH AVE.
SW RANCHES, FL 33331

New Mailing Address:

FEI Number: 55-0906822 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHAFER, JANETTE K.
4900 SW 170TH AVE.
SW RANCHES, 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: D (X) Delete
Name: SCHAFER, JANETTE K.
Address: 4900 SW 170TH AVE.
City-St-Zip: SW RANCHES, FL 33331

Title: D ( ) Delete
Name: MALENSKI, THOMAS D.
Address: 5004 SWEET AIR RD.
City-St-Zip: BALDWIN, MD 21013

Title: D ( ) Delete
Name: PERRY, PATRICK R.
Address: 500 THERESA AVE.
City-St-Zip: BALTO, MD 21221

Title: D ( ) Delete
Name: CAMIOLO, SHIRLEY P.
Address: 9512 MIDARO CT.
City-St-Zip: BALTO, MD 21236

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: ( ) 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: PATRICK PERRY D 04/17/2009

Electronic Signature of Signing Officer or Director — Date