

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000004854

Entity Name: HOMEOWNER TOOLBOX, INC.**Current Principal Place of Business:**540 WALD
IRVINE, CA 92618**Current Mailing Address:**540 WALD
IRVINE, CA 92618**FEI Number:** 26-3826215**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BUSINESS FILINGS INCORPORATED
515 E PARK AVE
TALLAHASSEE, FL 32301 US*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

Officer/Director Detail :

Title CCEO
Name FIROVED, ANDY H
Address 540 WALD
City-State-Zip: IRVIVE CA 92618

Title D
Name DUNCAN, DAVID J
Address 540 WALD
City-State-Zip: IRVIVE CA 92618

Title D
Name DAVIS, JED
Address 540 WALD
City-State-Zip: IRVIVE CA 92618

Title D
Name KISSEN, RICHARD I
Address 540 WALD
City-State-Zip: IRVIVE CA 92618

Title P
Name CONNOLLY, JASON S
Address 540 WALD
City-State-Zip: IRVIVE CA 92618

Title VS
Name VASQUEZ, STORMY
Address 540 WALD
City-State-Zip: IRVIVE CA 92618

I hereby 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 all other like empowered.

SIGNATURE: STORMY VASQUEZ**SECRETARY****04/17/2015**

Electronic Signature of Signing Officer/Director Detail

Date