

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005714

FILED
Jan 09, 2008
Secretary of State

Entity Name: HOMEWORKS OF OHIO, INC.

Current Principal Place of Business:

7700 NORTHFIELD ROAD
WALTON HILLS, OH 44146

New Principal Place of Business:

Current Mailing Address:

7700 NORTHFIELD ROAD
WALTON HILLS, OH 44146

New Mailing Address:

FEI Number: 34-1185757 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CP () Delete
Name: REED, JOHN P
Address: 7700 NORTHFIELD ROAD
City-St-Zip: WALTON HILLS, OH 44146

Title: VP () Delete
Name: HELFENSTINE, SAMUEL
Address: 7700 NORTHFIELD ROAD
City-St-Zip: WALTON HILLS, OH 44146

Title: S () Delete
Name: REED, LISA
Address: 7700 NORTHFIELD ROAD
City-St-Zip: WALTON HILLS, OH 44146

Title: S () Delete
Name: CHURCHMACK, ALLAN G
Address: 7700 NORTHFIELD RD.
City-St-Zip: WALTON HILLS, OH 44146

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: ALLAN CHURCHMACK

MR.

01/09/2008

Electronic Signature of Signing Officer or Director

_____ Date