

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 29, 2004 8:00 am**  
**Secretary of State**

09-29-2004 90001 026 \*\*\*150.00

|                                                 |                                                                                   |
|-------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # F03000005447</b>                  |  |
| 1. Entity Name<br><b>HOME SERVICE USA CORP.</b> |                                                                                   |

|                                                                                        |                                                                            |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Principal Place of Business<br><b>3401 NW 82 AVENUE, SUITE 220<br/>MIAMI, FL 33122</b> | Mailing Address<br><b>3401 NW 82 AVENUE, SUITE 220<br/>MIAMI, FL 33122</b> |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|

**54073579**

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

09232004 Chg-P CR2E034 (10/03)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>98-0381967</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|-----------------------------------------------------------|---------------------------------------|

|                                                                        |  |                                                    |          |
|------------------------------------------------------------------------|--|----------------------------------------------------|----------|
| 6. Name and Address of Current Registered Agent                        |  | 7. Name and Address of New Registered Agent        |          |
| <b>MCMANUS, J<br/>3401 NW 82 AVENUE, SUITE 220<br/>MIAMI, FL 33122</b> |  | Name                                               |          |
|                                                                        |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|                                                                        |  | City                                               |          |
|                                                                        |  | <b>FL</b>                                          | Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                                 |                                                                                                                            |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 8, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                            |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C<br>HARRIN, R 1<br>18 CLYDE COURT GARRARD GARDENS<br>WEST MIDLANDS, <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Hargin, R<br>Cable Drive<br>Walsall, West Midlands WS2 7BN UK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>MCMANUS, J<br>380 BIRALSA AVENUE APT. 504W<br>CORAL GABLES, FL 33134 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 7425 SW 116th Street<br>Miami, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>BECK, A<br>10 CAMP TERRACE NORTH SHIELDS<br>TYNG WEAR NE 29 ONE, <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Belk, A<br>Cable Drive<br>Walsall, West Midlands WS2 7BN UK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                          |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Jerome McManus 9/23/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #