2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# F06000000596

Entity Name: HOMESALES, INC. OF DELAWARE

Current Principal Place of Business:

3415 VISION DR
COLUMBUS, OH 43219

New Principal Place of Business:

Current Mailing Address:

194 WOOD AVE S
ISELIN, NJ 08830

New Mailing Address:

194 WOOD AVE S
2ND FLOOR
ISELIN, NJ 08830

FEI Number: 20-1460767 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND DR
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: D ( ) Delete
Name: GREAVES, KIM D
Address: 3415 VISION DR
City-St-Zip: COLUMBUS, OH 43219

Title: P ( ) Delete
Name: MILLER, JAMES A
Address: 4501 NEW YORK AVE FLOOR 1
City-St-Zip: ARLINGTON, TX 760184820

Title: D ( ) Delete
Name: DAVIS, MARK W
Address: 8333 RIDGEPOINT DRIVE, FLOOR 1
City-St-Zip: IRVING, TX 75063

Title: S ( ) Delete
Name: HARRIS, LAUREN V
Address: 194 WOOD AVENUE SOUTH, FLOOR 2
City-St-Zip: ISELIN, NJ 08830

Title: T ( ) Delete
Name: BARREN, JOHN
Address: 3415 VISION DRIVE, FLOOR 2
City-St-Zip: COLUMBUS, OH 43219

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BERENS, JOHN J
Address: 7301 BAYMEADOWS WAY
City-St-Zip: JACKSONVILLE, FL 32256

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: P ( ) Change (X) Addition
Name: JOHNSON, RENEE T
Address: 7255 BAYMEADOWS WAY
City-St-Zip: JACKSONVILLE, FL 32256

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: LAUREN V. HARRIS S 02/12/2009

Electronic Signature of Signing Officer or Director — Date