2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2012
Secretary of State

DOCUMENT# F11000004854

Entity Name: HOMEOWNER TOOLBOX, INC.

Current Principal Place of Business:

540 WALD
IRVIVE, CA 92618

New Principal Place of Business:

Current Mailing Address:

540 WALD
IRVIVE, CA 92618

New Mailing Address:

FEI Number: 26-3826215 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
515 E PARK AVE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: VS
Name: VASQUEZ, STORMY
Address: 540 WALD
City-St-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 VS 04/20/2012

Electronic Signature of Signing Officer or Director Date