

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000213

Entity Name: AT-HOME PROFESSIONS, INC.

FILED  
Jul 09, 2008  
Secretary of State

## Current Principal Place of Business:

2001 LOWE STREET  
FORT COLLINS, CO 80525

## New Principal Place of Business:

## Current Mailing Address:

2001 LOWE STREET  
FORT COLLINS, CO 80525

## New Mailing Address:

FEI Number: 95-3923976

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WESTON, EARL  
Address: 2001 LOWE STREET  
City-St-Zip: FORT COLLINS, CO 80525

Title: S ( ) Delete  
Name: WESTON, PAMELA  
Address: 2001 LOWE STREET  
City-St-Zip: FORT COLLINS, CO 80525

Title: V ( ) Delete  
Name: THOMPSON, COLE  
Address: 2001 LOWE STREET  
City-St-Zip: FORT COLLINS, CO 80525

## 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:

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: COLE THOMPSON

VP

07/09/2008

Electronic Signature of Signing Officer or Director

Date