


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90035 003 ***150.00

DOCUMENT # F98000005604 1. Entity Name THE HOME DEPOT SPECIAL SERVICES, INC.	
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Principal Place of Business 2455 PACES FERRY RD. C-20 ATLANTA, GA 30339	Mailing Address 2455 PACES FERRY RD. C-20 ATLANTA, GA 30339
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02042008 Chg-P CR2E034 (12/06)

4. FEI Number 58-2179560	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BLAKE, FRANCIS S			NAME	Paul Raines		
STREET ADDRESS	2455 PACES FERRY RD.			STREET ADDRESS	2455 Paces Ferry Road		
CITY-ST-ZIP	ATLANTA, GA 30339			CITY-ST-ZIP	Atlanta, GA 30339		
TITLE	VPTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOME, CAROL B			NAME			
STREET ADDRESS	2455 PACES FERRY RD.			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA, GA 30339			CITY-ST-ZIP			
TITLE	AS	<input checked="" type="checkbox"/> Delete		TITLE	VPSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FERNANDEZ, FRANK L			NAME	Jack A. VanWoerkom		
STREET ADDRESS	2455 PACES FERRY RD.			STREET ADDRESS	2455 Paces Ferry Road		
CITY-ST-ZIP	ATLANTA, GA 30339			CITY-ST-ZIP	Atlanta, GA 30339		
TITLE	DS	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERNANDEZ, FRANK L			NAME			
STREET ADDRESS	2455 PACES FERRY RD.			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA, GA 30339			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TOME, CAROL B			NAME	Jonathan M. Gottsegen		
STREET ADDRESS	2455 PACES FERRY RD			STREET ADDRESS	2455 Paces Ferry Road		
CITY-ST-ZIP	ATLANTA, GA 30339			CITY-ST-ZIP	Atlanta, GA 30339		
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRISENDINE, L BRILEY			NAME			
STREET ADDRESS	2455 PACES FERRY RD			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA, GA 30339			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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  **Jonathan M. Gottsegen** 2/4/08 770-433-8211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #