2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # G83331 1. Entity Name HOME DESIGN SERVICES, INC. Principal Place of Business Mailing Address **580 CAPE COD LANE** 580 CAPE COD LANE SUITE 9 SUITE 9 ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714

changed, or on an attachmen

SIGNATURE

FILED Mar 26, 2007 8:00 am **Secretary of State**

03-26-2007 90067 050 ***150.00

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No Chg-P CR2E034 (11/05) 02202007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2374201 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZIRKEL, JAMES E. DO NOT WRITE 219 MONTEGO INLET BLVD. LONGWOOD, FL 32779 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE ZIRKEL, JAMES E. NAME 219 MONTEGO INLET BLVD STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL TITLE ZIRKEL, JANICE C. NAME 219 MONTEGO INLET BLVD STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL TITLE NAME STREET ADDRESS DO NOT WRITE CtTY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITL F NAME STREET ADDRESS 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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

ress, with all other like empowered.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR