2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G83331

Entity Name: HOME DESIGN SERVICES, INC.

FILED Mar 27, 2008 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
|---|--|--|-------------------|---|---|--|--|
| | COD LANE | | | | | | |
| SUITE 9 ALTAMON | NTE SPRINGS | s, FL 32714 | US | | | | |
| Current N | lailing Addre | ss: | | New Mailing Addres | ss: | | |
| 580 CAPE COD LANE | | | | | | | |
| SUITE 9 ALTAMON | NTE SPRINGS | 6, FL 32714 | US | | | | |
| FEI Number | : 59-2374201 | FEI Numbe | r Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | | |
| Name and Address of Current Registered Agent: | | | | Name and Address | Name and Address of New Registered Agent: | | |
| 3431 PINE SUITE 101 | , LAWHON & ERIDGE ROA 1 FL 34109 US | D | A. | | | | |
| | e named entity e of Florida. | submits this | statement for the | purpose of changing its registere | ed office or registered agent, or both, | | |
| SIGNATU | RE: | | | | | | |
| Electronic Signature of Registered Ager | | | | gent | Date | | |
| Election Ca | mpaign Financir | ng Trust Fund (| Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | | |
| Title: Name: Address: City-St-Zip: | ZIRKEL, JAME 219 MONTEG |) Delete ES E CEO O INLET BLVD FL 32779 US | | Title: Name: Address: City-St-Zip: | () Change () Addition | | |
| Title: Name: Address: City-St-Zip: | ZIRKEL, JANI 219 MONTEG |) Delete CE C CFO O INLET BLVD FL 32779 US | | Title: Name: Address: City-St-Zip: | () Change () Addition | | |
| Title: Name: Address: City-St-Zip: | KINGMAN, RÙ |) Delete SSELL M PRES MAXON DRIVE FL 32776 US | 3 | Title: Name: Address: City-St-Zip: | () Change () Addition | | |
| Title: | D (|) Delete | | Title: | () Change () Addition | | |

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES E. ZIRKEL P 03/27/2008

ROSENBERG-LEWIS, ANDREA J FIN MGR

1113 MONTEAGLE CIRCLE

APOPKA, FL 32712 US

Name:

Address:

City-St-Zip: