2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# L02000004235

Entity Name: HOME SOLUTIONS FOR YOU, LLC

Current Principal Place of Business:

1005 GULF BLVD. #303
INDIAN ROCKS BEACH, FL 33785

New Principal Place of Business:

8157 128TH ST N
SEMINOLE, FL 33776

Current Mailing Address:

1005 GULF BLVD. #303
INDIAN ROCKS BEACH, FL 33785

New Mailing Address:

8157 128TH ST N
SEMINOLE, FL 33776

FEI Number: 04-3611396 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEHM, VICTORIA P
405 SECOND STREET SOUTH, STE. C
SAFETY HARBOR, FL 34695 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

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: TROWBRIDGE, DEBORAH S
Address: 1005 GULF BLVD. #303
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: MGR ( ) Delete
Name: TROWBRIDGE, MICHAEL E
Address: 1005 GULF BLVD. #303
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: TROWBRIDGE, DEBORAH S
Address: 8157 128TH ST N
City-St-Zip: SEMINOLE, FL 33776

Title: MGR (X) Change ( ) Addition
Name: TROWBRIDGE, MICHAEL E
Address: 8157 128TH ST N
City-St-Zip: SEMINOLE, FL 33776

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DEBORAH S. TROWBRIDGE MGR 04/20/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date