


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000048361 1. Entity Name HOME PERFECTION, LLC	
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01052007 No Chg-LLC

CR2E083 (11/05)

Principal Place of Business 3567 INDUSTRIAL R D TITUSVILLE, FL 32796 US	Mailing Address 3567 INDUSTRIAL R D TITUSVILLE, FL 32796 US
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DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0515852	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HIGGINS, JAMES H 1666 SARATOGA DRIVE TITUSVILLE, FL 32796

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**000000620969
02/09/07-80059-003 50.00**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIGGINS, BETTY D 1546 LAFAYETTE TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIGGINS, JAMES H 1666 SARATOGA DRIVE TITUSVILLE, FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIGGINS, JOHN R 3549 ARLINGTON AVE MIMS, FL 32732
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my 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: *James H Higgins*
JAMES H HIGGINS

2-2-2009

321-302-1593

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #