
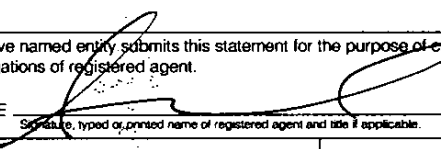
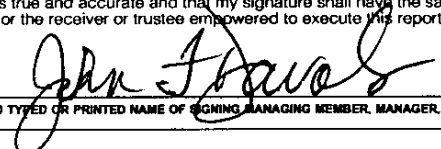


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90197 044 \*\*\*\*50.00

<b>DOCUMENT # L04000018738</b> 1. Entity Name <b>SOLUTIONS FOR HOME LIFE, LLC</b>					
Principal Place of Business <b>1245 CHISHOLM TRAIL PENSACOLA, FL 32514</b>			Mailing Address <b>P.O. BOX 10457 PENSACOLA, FL 32524</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03222007    Chg-LLC    CR2E083 (12/06)	
Zip		Country		4. FEI Number <b>45-0536980</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GREEN, WILLIAM J 4300 BAYOU BOULEVARD, SUITE 13 PENSACOLA, FL 32503-2671</b>				7. Name and Address of New Registered Agent Name <b>STEPHEN R. MOORHEAD</b> Street Address (P.O. Box Number is Not Acceptable) <b>25 W. GOVERNMENT STREET</b> City <b>PENSACOLA</b> <b>FL</b> Zip Code <b>32502</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.)</small>				DATE <b>4/27/2007</b>	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAVALOS, JOHN F P.O. BOX 10457 PENSACOLA, FL 32524			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>  <b>JOHN F. DAVALOS</b> Date <b>April 25 07</b> Daytime Phone # <b>850-291-7584</b>					