2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005
Secretary of State

DOCUMENT# L04000068467

Entity Name: KINGDOM HOME SOLUTIONS L.L.C

Current Principal Place of Business:

1205 MERES BLVD
TARPON SPRINGS, FL 34689

New Principal Place of Business:

1205 MERES
TARPON SPRINGS, FL 34689

Current Mailing Address:

1205 MERES BLVD
TARPON SPRINGS, FL 34689

New Mailing Address:

3249 CHAUNCY RD
HOLIDAY, FL 34691

FEI Number: 11-3727976 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRUZ, JOSE L JR
1205 MERES BLVD
TARPON SPRINGS, FL 34689 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: CRUZ, JOSE L J.R
Address: 3249 CHAUNCY RD
City-St-Zip: HOLIDAY, FL 34691

Title: MGRM ( ) Change (X) Addition
Name: CRUZ, ALBERLINA M
Address: 3249 CHAUNCY RD
City-St-Zip: HOLIDAY, FL 34691

Title: MGRM ( ) Change (X) Addition
Name: MORALES, MIGUEL A
Address: 6712 W CHELSEA ST
City-St-Zip: TAMPA, FL 33634

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: JOSE LUIS CRUZ J.R. MGR 04/11/2005

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