


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 31, 2005 8:00 am
Secretary of State

08-31-2005 90067 001 ****50.00
08-31-2005 90067 002 *****5.00

DOCUMENT # L04000089916		
1. Entity Name HOME SOLUTIONS LLC		

Principal Place of Business 1401 BARCELONA CT WINTER SPRINGS FL 32708	Mailing Address 1401 BARCELONA CT WINTER SPRINGS FL 32708
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2. Principal Place of Business #34J 4270 Aloma Ave #124 Suite, Apt. #, etc.	3. Mailing Address #34J 4270 Aloma Ave Suite, Apt. #, etc. #124
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2nd MOORE CR2E083 (5/05)

City & State Winter Park, FL	City & State Winter Park, FL	4. FEI Number 51-0532202	Applied For <input type="checkbox"/> Not Applicable
Zip 32792	Country USA	Zip 32792	Country USA

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GREENWALD, MARTIN 1401 BARCELONA CT WINTER SPRINGS FL 32708	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 7, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHANCE, DEANNA #34J 4270 ALOMA AVE #124 WINTER PARK FL 32792 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHANCE, DARLENE #34J 4270 ALOMA AVE #124 WINTER PARK FL 32792 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ITTURRIOZ, FERMIN #34J 4270 ALOMA AVE #124 WINTER PARK FL 32792 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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 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 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: Deanna Chance 8/24/05 407-341-6363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #