2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2007
Secretary of State

DOCUMENT# L05000025632

Entity Name: USA HOMEHELPERS, LLC

Current Principal Place of Business:

11008 APPLE BLOSSOM TRAIL W.
JACKSONVILLE, FL 33218

New Principal Place of Business:

2055 HOLCROFT DR.
JACKSONVILLE, FL 32208

Current Mailing Address:

11008 APPLE BLOSSOM TRAIL W.
JACKSONVILLE, FL 33218

New Mailing Address:

2055 HOLCROFT DR.
JACKSONVILLE, FL 32208

FEI Number: 20-2623372 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CHRISTOPHER, TORRI J
11008 APPLE BLOSSOM TRAIL W.
JACKSONVILLE, FL 33218 US

Name and Address of New Registered Agent:

CHRISTOPHER, TORRI J
2055 HOLCROFT DR.
JACKSONVILLE, FL 32208 US

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: 07/13/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CGM CAPITAL INVESTME, NTS, LLC
Address: 11008 APPLE BLOSSOM TRAIL W.
City-St-Zip: JACKSONVILLE, FL 33218

Title: MGRM ( ) Delete
Name: CHRISTOPHER, TORRI J
Address: 11008 APPLE BLOSSOM TRAIL W.
City-St-Zip: JACKSONVILLE, FL 33218

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CGM CAPITAL INVESTME, NTS, LLC
Address: 2055 HOLCROFT DR.
City-St-Zip: JACKSONVILLE, FL 32208

Title: MGRM (X) Change ( ) Addition
Name: CHRISTOPHER, TORRI J
Address: 2055 HOLCROFT DR.
City-St-Zip: JACKSONVILLE, FL 32208

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TORRI CHRISTOPHER MGRM 07/13/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date