2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# L05000036930

Entity Name: HOME TRANSFORMATIONS, LLC

Current Principal Place of Business:

3037 VERNARD ST.
DELTONA, FL 32738 US

New Principal Place of Business:

1 ALMOND LN
OCALA, FL 34472 US

Current Mailing Address:

3037 VERNARD ST.
DELTONA, FL 32738 US

New Mailing Address:

1 ALMOND LN
OCALA, FL 34472 US

FEI Number: 20-3130870 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, BRIAN A
3037 VERNARD ST.
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

JONES, BRIAN A
1 ALMOND LN
OCALA, FL 34472 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: _____ 04/27/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JONES, BRIAN A
Address: 3037 VERNARD ST.
City-St-Zip: DELTONA, FL 32738 US

Title: MGRM ( ) Delete
Name: JONES, PRISCILLA M
Address: 3037 VERNARD ST.
City-St-Zip: DELTONA, FL 32738 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: JONES, BRIAN A
Address: 1 ALMOND LN
City-St-Zip: OCALA, FL 34472 US

Title: MGRM (X) Change ( ) Addition
Name: JONES, PRISCILLA M
Address: 1 ALMOND LN
City-St-Zip: OCALA, FL 34472 US

I hereby certify that the information supplied with this filing does not qualify for the 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: PRISCILLA M. JONES MGRM 04/27/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date