

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048489

FILED
Apr 26, 2006
Secretary of State

Entity Name: HOME HELPERS OF FLORIDA, LLC.

Current Principal Place of Business:

3432 US HWY 19
PMB SUITE K
HOLIDAY, FL 34691

New Principal Place of Business:

3432 US HWY 19
STE K
HOLIDAY, FL 34691

Current Mailing Address:

3432 US HWY 19
PMB SUITE K
HOLIDAY, FL 34691

New Mailing Address:

3432 US HWY 19
STE K
HOLIDAY, FL 34691

FEI Number: 20-2848060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINKEL, AARON
3432 US HWY 19,
PMB SUITE K
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

KRIMITSOS, CHRIS
3432 US HWY 19,
STE K
HOLIDAY, FL 34691 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: CHRIS KRIMITSOS

04/26/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: DIR () Delete
Name: KRIMITSOS, CHRIS
Address: 3432 US HWY 19, PMB SUITE K
City-St-Zip: HOLIDAY, FL 34691

Title: P (X) Delete
Name: FINKEL, AARON
Address: 3432 US HIGHWAY 19 NORTH, STE. K
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: KRIMITSOS, CHRIS
Address: 3432 US HWY 19, STE K
City-St-Zip: HOLIDAY, FL 34691

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHRIS KRIMITSOS

P

04/26/2006

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