

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000066762

FILED
May 03, 2007
Secretary of State

Entity Name: #1 HOME SOLUTIONS, LLC

Current Principal Place of Business:

P.O. BOX 720325
ORLANDO, FL 32872

New Principal Place of Business:

6445 S. CHICKASAW TRAIL
SUITE 289
ORLANDO, FL 32829

Current Mailing Address:

P.O. BOX 720325
ORLANDO, FL 32872

New Mailing Address:

6445 S. CHICKASAW TRAIL
SUITE 289
ORLANDO, FL 32829

FEI Number: **FEI Number Applied For (X)** **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:

SMALL BUSINESS RESOURCES USA, INC.
773 S. KIRKMAN RD.
SUITE 118
ORLANDO, FL 32811 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/MANAGERS:

Title: MGRM () Delete
Name: BENDER, NUBIA
Address: P.O. BOX 720325
City-St-Zip: ORLANDO, FL 32872

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BENDER, NUBIA
Address: 6445 S. CHICKASAW TRAIL, SUITE 289
City-St-Zip: ORLANDO, FL 32829

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: NUBIA BENDER

MGRM

05/03/2007

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