


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90207 027 ****55.00

DOCUMENT # L06000082813		
1. Entity Name HOME WATCH SOLUTIONS, LLC		

60002474

Principal Place of Business 2678 BRATTLE LANE CLEARWATER, FL 33761	Mailing Address 2678 BRATTLE LANE CLEARWATER, FL 33761
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2. Principal Place of Business - No P.O. Box # 252 ALPINE CT Suite, Apt. #, etc.	3. Mailing Address 252 ALPINE CT Suite, Apt. #, etc.
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02212007 Chg-LLC CR2E083 (12/06)

City & State PALM HARBOR, FL	City & State PALM HARBOR, FL
Zip 34683	Country USA

4. FEI Number 20-5353226	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GRZESIAK, DANIEL A 2678 BRATTLE LANE CLEARWATER, FL 33761	
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7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 252 ALPINE CT City PALM HARBOR FL Zip Code 34683	
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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 	DATE 2-20-2007
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Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRZESIAK, DANIEL A 2678 BRATTLE LANE CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DANIEL A. GRZESIAK 252 ALPINE CT PALM HARBOR, FL 34683 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRZESIAK, JILL C 2678 BRATTLE LANE CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JILL C. GRZESIAK 252 ALPINE CT PALM HARBOR, FL 34683 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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: 	DATE 2-20-2007	DAYTIME PHONE 727-773-6793
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