2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L07000002673

Entity Name: IN HIS HANDS PROFESSIONAL HANDYMAN SERVICE, LLC

Current Principal Place of Business:

310 BRANCH HILL PARK
NICEVILLE, FL 32578 US

New Principal Place of Business:

510 LINDEN AVE.
NICEVILLE, FL 32578 US

Current Mailing Address:

310 BRANCH HILL PARK
NICEVILLE, FL 32578 US

New Mailing Address:

510 LINDEN AVE.
NICEVILLE, FL 32578 US

FEI Number: 20-8180658 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCDUFFIE, MICHAEL S
1502 SOUTH FERDON BLVD.
CRESTVIEW, FL 32536 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: CLAUSON, RICHARD L
Address: 310 BRANCH HILL PARK
City-St-Zip: NICEVILLE, FL 32578 US

Title: MGR ( ) Delete
Name: CLAUSON, DAWN M
Address: 310 BRANCH HILL PARK
City-St-Zip: NICEVILLE, FL 32578 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CLAUSON, RICHARD L
Address: 510 LINDEN AVE.
City-St-Zip: NICEVILLE, FL 32578 US

Title: MGR (X) Change ( ) Addition
Name: CLAUSON, DAWN M
Address: 510 LINDEN AVE.
City-St-Zip: NICEVILLE, FL 32578 US

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: RICHARD L. CLAUSON MGRM 04/28/2008

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