2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1. Entity Nam	MENT # L45940 BILE HOME SERVICES, INC.	٠ - ي		Feb 03, 2005 08:00 AM Secretary of State
•	e of Business	Mailing Address		The second second
5306 E 1271 TAMPA FL : US		PO BOX 291054 TEMPLE TERRACE FL 3 US	33687	C KREMITEN DIN DINGKI DINKU IDINE BURKI BERKI DERIN DIDIN DERIK DIDIN DIDIN DIDIN DIDIN DIDIN DIDIN DIDIN
2. Principal Place of Business		3. Mailing Address		
Suite, Apt.	#, etc	Suite, Apt #, etc		1st MOORE CR2E034 (10/04)
City & Stat	e	City & State		4. FEI Number 59-2986503 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
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MANNING, CHARLES W 5306 E 127TH AVENUE TAMPA FL 33617			Street Addres	s (P.O. Box Number is Not Acceptable)
ION	M A 1 L 35017			
			City	FL Zip Code
	named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or regis	tered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typod or printed name of registered agent a	and title if as oficiable (NOTE	Registered Agent signature requ	ired when reinstating) DATE
F	ILE NOW!!! FEE IS \$150.00			
	May 1, 2005 Fee Will Be \$550.00 k Payable to Florida Department of			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
	May 1, 2005 Fee Will Be \$550.00 A Payable to Florida Department of OFFICERS AND	State	11.	
Make Check	k Payable to Florida Department of OFFICERS AND	State	न गान	Trust Fund Contribution.
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FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR.

Current Properties of the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicate