2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004057

Entity Name: HOME TEAM MARKETING, LLC

Current Principal Place of Business:

540 E 105TH ST., STE 206
CLEVELAND, OH 441084302

New Principal Place of Business:

812 HURON ROAD, STE 205
CLEVELAND, OH 44115

Current Mailing Address:

540 E 105TH ST., STE 206
CLEVELAND, OH 441084302

New Mailing Address:

812 HURON ROAD, STE 205
CLEVELAND, OH 44115

FEI Number: 34-1951613   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351   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: _____

          Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM ( ) Delete
Name:	FITZPATRICK, PETER
Address:	540 E 105TH ST., STE 206
City-St-Zip:	CLEVELAND, OH 441084302

Title:	MGRM ( ) Delete
Name:	FITZPATRICK, REGAN
Address:	540 E 105TH ST., STE 206
City-St-Zip:	CLEVELAND, OH 441084302

ADDITIONS/CHANGES:

Title:	MGRM (X) Change ( ) Addition
Name:	FITZPATRICK, PETER
Address:	812 HURON ROAD, STE 205
City-St-Zip:	CLEVELAND, OH 44115

Title:	MGRM (X) Change ( ) Addition
Name:	FITZPATRICK, REGAN
Address:	812 HURON ROAD, STE 205
City-St-Zip:	CLEVELAND, OH 44115

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: REGAN FITZPATRICK   MGRM   03/08/2007

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