FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 15, 2002 8:00 am DOCUMENT # N00000006690 Secrétary of State 1. Entity Name 07-15-2002 90189 002 \*\*\*\*61.25 FROM OUR HOME TO YOUR HOME, INC. Mailing Address Principal Place of Business RUICOUO 1400 TALLWOOD AVENUE 1400 TALLWOOD AVENUE SUITE 304 SUITE 304 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-1040653 Not Applicable Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) REV. FR. KENNETH HASSELBACH 1400 TALLWOOD AVENUE SUITE 304 City Zip Code HOLLYWOOD FL 33021 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** (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to After September 13, 2002, Trust Fund Contribution. **Department of State** Added to Fees min. will be \$236.25. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change Addition PD ☐ Delete TITLE TITLE REV. FR. KENNETH HASSELBACH NAME NAME STREET ADDRESS STREET ADDRESS 1400 TALLWOOD AVENUE #304 CITY-ST-7/P CITY-ST-ZIP HOLLYWOOD FL 33021 Addition ☐ Change ☐ Delete TITLE TITLE ARCHBOLD, BARBARA NAME NAME STREET ADDRESS STREET ADDRESS 1400 TALLWOOD AVENUE #205 CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Change ☐ Addition ☐ Delete TD TITLE RONNAN, ELIZABETH NAME NAME STREET ADDRESS STREET ADDRESS 2529 HAYES STREET CITY-ST-ZIP CITY-ST-7iP HOLLYWOOD FL 33021 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITI F ☐ Delete NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Kenneth Grantenell ach

☐ Delete

7 July 2002 (954) 989.8490

☐ Change

☐ Addition