

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000249

FILED  
Jan 20, 2006  
Secretary of State

Entity Name: HOMESTUDYSOLUTIONS.COM, INC.

**Current Principal Place of Business:**

4326 PARK BOULEVARD., SUITE C-WEST  
PINELLAS PARK, FL 33781

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 21517  
ST PETERSBURG, FL 337421517

**New Mailing Address:**

FEI Number: 37-1419036

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PAQUETTE, WENDY B  
4326 PARK BOULEVARD., SUITE C-WEST  
PINELLAS PARK, FL 33781 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

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: PAQUETTE, WENDY B  
Address: 1897 TANGLEWOOD DRIVE N.E.  
City-St-Zip: ST PETERSBURG, FL 33702

Title: VPD ( ) Delete  
Name: BELL, PATRICIA L  
Address: 3451 ROCKCLIFF PLACE  
City-St-Zip: LONGWOOD, FL 32779

Title: TD ( ) Delete  
Name: CAUCHON, RONDA  
Address: 6023 DUNFRIES STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33709

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WENDY PAQUETTE

P

01/20/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date