

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000249

FILED
Apr 14, 2009
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 (X) 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: P (X) Change () Addition
Name: PAQUETTE, WENDY B
Address: 1897 TANGLEWOOD DRIVE N.E.
City-St-Zip: ST PETERSBURG, FL 33702

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

Title: S (X) Change () Addition
Name: CAUCHON, RONDA
Address: 6023 DUNFRIES STREET NORTH
City-St-Zip: ST. PETERSBURG, FL 33709

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 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

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date