2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 27, 2008
Secretary of State

DOCUMENT# N03000000758

Entity Name: HOME AND COMMUNITY SERVICES INC.

Current Principal Place of Business:

25547 SW 20TH PLACE
NEWBERRY, FL 32669

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 115
NEWBERRY, FL 32669

New Mailing Address:

FEI Number: 32-0058208 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAYLOR, KIMBERLY
25547 SW 20TH PLACE
NEWBERRY, FL 32669 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: D ( ) Delete
Name: DEPOLLO, SANDRA L
Address: 25547 SW 20 TH PLACE
City-St-Zip: NEWBERRY, FL 32669

Title: D ( ) Delete
Name: KELLETT, LOTHIAN S
Address: 25547 SW 20 TH PLACE
City-St-Zip: NEWBERRY, FL 32669

Title: D ( ) Delete
Name: TAYLOR, KIMBERLY
Address: 25547 SW 20TH PLACE
City-St-Zip: NEWBERRY, FL 32669

Title: D (X) Delete
Name: DAVIS, JAMES
Address: 25547 SW 20TH PLACE
City-St-Zip: NEWBERRY, FL 32669

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:

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

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: KIMBERLEY A. TAYLOR DO 05/27/2008

Electronic Signature of Signing Officer or Director — Date