


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000003508 1. Entity Name SV/HOME OFFICE, INC.	
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Principal Place of Business STRATFORD POINT BLDG. 110 S. STRATFORD RD., 5TH FLOOR WINSTON-SALEM, NC 27104	Mailing Address STRATFORD POINT BLDG. 4178 MALBETH CT WINSTON-SALEM, NC 27104
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01222007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 56-2150956	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ANDREW SERVICE CORPORATION OF FLORIDA 201 N. FRANKLIN ST., STE. 2100 TAMPA, FL 33602

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATERS, BRETT 1100 REYNOLDS BLVD AVE WINSTON SALEM, NC 27105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDMONDS, ANTHONY 645 HAYMAN CT DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAIZLIP, JUDITH D 3435 COPLAND AVE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/29/07-80043-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

SIGNATURE: Brett L. Waters Brett L. Waters, Pres 1/21/07 765-8134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #