2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000052252

Entity Name: HOME SALES AND SERVICES, INC.

FILED May 03, 2006 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|

215 CELEBRATION PLACE SUITE 160 5483 W. IRLO BRONSON MEMORIAL HWY

CELEBRATION, FL 34747 KISSIMMEE, FL 34746

Current Mailing Address: New Mailing Address:

5483 W. IRLO BRONSON MEMORIAL HWY 215 CELEBRATION PLACE

SUITE 160 KISSIMMEE, FL 34746 CELEBRATION, FL 34747

FEI Number: 59-3682198 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SHELTON, CATHY SHELTON, CATHY 609 TRUMPET PLACE 603 CANNÉ PLACE

CELEBRATION, FL 34747 US CELEBRATION, FL 34747 US

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: CATHY SHELTON 05/03/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPST () Delete Title: CPST (X) Change () Addition

PUMPHREY, THOMAS L SHELTON, CATHY Name: Name: 609 TRUMPET PLACE 603 CANNE PALCE Address: Address: City-St-Zip: CELEBRATION, FL 34747 City-St-Zip: CELEBRATION, FL 34747

BROK Title: **PRES** Title: () Delete (X) Change () Addition

Name: SHELTON, CATHY Name: SHELTON, CATHY 609 TRUMPET PLACE 603 CANNE PLACE Address: Address: CELEBRATION, FL 34747 CELEBRATION, FL 34747 City-St-Zip: City-St-Zip:

Title: Title: () Delete () Change (X) Addition

PUMPHREY, THOMAS L Name: Name: 912 PAWSTAND Address Address: City-St-Zip: City-St-Zip: CELEBRATION, FL 34747

Title: () Delete Title: SEC () Change (X) Addition

PUMPHREY, THOMAS L Name: Name: Address: Address: 912 PAWSTAND City-St-Zip: City-St-Zip: CELEBRATION, FL 34747

Title: Title: () Change (X) Addition () Delete

Name: Name: SHELTON, CATHY Address: Address: 603 CANNE PLACE City-St-Zip: City-St-Zip: CELEBRATION, FL 34747

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHY SHELTON **PRES** 05/03/2006