2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2007
Secretary of State

DOCUMENT# P00000052252

Entity Name: HOME SALES AND SERVICES, INC.

Current Principal Place of Business:

5483 W. IRLO BRONSON MEMORIAL HWY
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

5483 W. IRLO BRONSON MEMORIAL HWY
KISSIMMEE, FL 34746

New Mailing Address:

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

Name and Address of Current Registered Agent:

SHELTON, CATHY
603 CANNE PLACE
CELEBRATION, FL 34747 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CPST ( ) Delete
Name: SHELTON, CATHY
Address: 603 CANNE PALCE
City-St-Zip: CELEBRATION, FL 34747

Title: PRES ( ) Delete
Name: SHELTON, CATHY
Address: 603 CANNE PLACE
City-St-Zip: CELEBRATION, FL 34747

Title: VP ( ) Delete
Name: PUMPHREY, THOMAS L
Address: 912 PAWSTAND
City-St-Zip: CELEBRATION, FL 34747

Title: SEC ( ) Delete
Name: PUMPHREY, THOMAS L
Address: 912 PAWSTAND
City-St-Zip: CELEBRATION, FL 34747

Title: TRES ( ) Delete
Name: SHELTON, CATHY
Address: 603 CANNE PLACE
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change ( ) Addition
Name: SHELTON, CATHY
Address: 603 CANNE PLACE
City-St-Zip: CELEBRATION, FL 34747

Title: SEC (X) Change ( ) Addition
Name: SHELTON, CATHY
Address: 603 CANNE PLACE
City-St-Zip: CELEBRATION, FL 34747

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 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 02/13/2007

Electronic Signature of Signing Officer or Director — Date