2003 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

5/5

FILED
Jun 04, 2003 8:00 am
Secretary of State
05-05-2003 91903 003 ***158.75

DOCUMENT # P00000053790

1. Entity Name

Desk@Home, Inc.

DO NOT WRITE IN THIS SPACE

55046176

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2. Principal Place of Business	3. Mailing Address
257 Warfield Ave.	257 Warfield Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Venice, FL	City & State: Venice, FL
Zip: 34292 Country:	Zip: 34292 Country:

4. FEI Number 65-1012760 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Ronald P. Hogarth

Street Address (P.O. Box Number is Not Acceptable):

312 E. Venice Ave. Suite 120

City: Venice FL Zip Code: 34292

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D NAME Sorenson, Chris A STREET ADDRESS 1841 Silver Palm Road CITY-ST-ZIP North Port, FL 34288	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME Robert Mooney STREET ADDRESS 7604 52nd Terr East CITY-ST-ZIP Bradenton, FL 34203	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Chris A Sorenson President 06/01/03 941-485-8387

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)