2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 13, 2005 08:00 AM Secretary of State DOCUMENT # P01000084900 FLORIDA HOME HELPERS, INC. Principal Place of Business Mailing Address 8074 SHALOM DR. PO BOX 3015 SPRING HILL, FL 34606 SPRING HILL, FL 34611 04112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 59-3744190 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BALCERAK, WALTER DO NOT WRITE 8074 SHALOM DR. SPRING HILL, FL 34606 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5,00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME BALCERAK, WALTER STREET ADDRESS PO BOX 3015 CITY-ST-ZIP SPRING HILL, FL 34611 **DVPS** ÜÖÖÖÖÖ300814 04/13/05-80006-020 150.00 TITILE. BALCERAK, LINDA NAME STREET ADDRESS PO BOX 3015 CITY-ST-ZIP SPRING HILL, FL 34611 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filting 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

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