


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90075 013 ***150.00

DOCUMENT # P01000084900	
1. Entity Name FLORIDA HOME HELPERS, INC.	

Principal Place of Business 8074 SHALOM DR. SPRING HILL, FL 34606	Mailing Address PO BOX 3015 SPRING HILL, FL 34611
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 160 Nottingham Suite, Apt. #, etc.	
City & State		City & State Gilbertsville, KY	
Zip	Country	Zip 42044	Country USA

40046788



01192006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent BALCERAK, WALTER 8074 SHALOM DR. SPRING HILL, FL 34606		7. Name and Address of New Registered Agent Name Gerald A. Martin Street Address (P.O. Box Number is Not Acceptable) 8074 Shalom Dr City Spring Hill FL Zip Code 34606	
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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 Gerald A Martin Gerald A Martin 4-10-2006
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, 2006 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BALCERAK, WALTER <input type="checkbox"/> Delete PO BOX 3015 SPRING HILL, FL 34611	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BALCERAK, WALTER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 160 Nottingham Gilbertsville, KY 42044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS BALCERAK, LINDA <input type="checkbox"/> Delete PO BOX 3015 SPRING HILL, FL 34611	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS BALCERAK, LINDA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 160 Nottingham Gilbertsville, KY 42044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: Walter Balcerak, President 4-10-06 (270) 3623938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #