

**2006 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Nov 07, 2006  
Secretary of State**

DOCUMENT# P02000037619

Entity Name: AMERICAN HOMETEAM SERVICES INC.

**Current Principal Place of Business:**

P.O. BOX 3927  
HOLIDAY, FL 34690

**New Principal Place of Business:**

5032 FOREST HILLS DRIVE  
HOLIDAY, FL 34690

**Current Mailing Address:**

P.O. BOX 3927  
HOLIDAY, FL 34690

**New Mailing Address:**

FEI Number: 74-3045076      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ALLEN, RALPH M IV  
5032 FOREST HILLS DRIVE  
HOLIDAY, FL 34690 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: RALPH M. ALLEN IV

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:**

Title: CEO ( ) Delete  
Name: ALLEN, GABRIELLE N  
Address: 5032 FOREST HILLS DRIVE  
City-St-Zip: HOLIDAY, FL 34690

Title: P ( ) Delete  
Name: ALLEN, RALPH M LV  
Address: 5032 FOREST HILLS DRIVE  
City-St-Zip: HOLIDAY, FL 34690

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: GABRIELLE N. ALLEN

CEO

11/07/2006

Electronic Signature of Signing Officer or Director

Date