2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000060853

City-St-Zip: FT. LAUDERDALE, FL 33309

Entity Name: CONCIERGE HOME SERVICES, INC.

FILED Mar 12, 2008 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
|---|--|---------|---------------------|--|---|--------------|--------------------------|
| 3601 W COMMERCIAL BLVD. 14 FORT LAUDERDALE, FL 33309 US | | | | | 3601 W COMMERCIAL BLVD. | | |
| | | | | | 13 FORT LAUDERDALE, FL 33309 US | | |
| Current Mailing Address: | | | | | New Mailing Address: | | |
| 3601 W COMMERCIAL BLVD. | | | | 3601 W COMMERCIAL BLVD. | | | |
| 14 FORT LAL | JDERDALE, FL | 33309 | US | | 13 FORT LAUDERDALE, FL | 33309 | US |
| FEI Number: | : 27-0014427 | FEI Num | ber Applied For() | FEI Nur | mber Not Applicable () | Certificate | of Status Desired () |
| Name and Address of Current Registered Agent: | | | | | Name and Address of New Registered Agent: | | |
| 14 FORT LAL The above in the State | OMMERCIAL BI JDERDALE, FL named entity si e of Florida. | 33309 (| | ourpose c | of changing its registered o | ffice or reg | gistered agent, or both, |
| SIGNATURE: Electronic Signature of Registered Agent | | | | | | D | ate |
| Election Car | | • | d Contribution (). | 511L | | D. | ate |
| OFFICERS AND DIRECTORS: | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | P () I SAVAGE, DEBRA 2560 SW 102 DE DAVIE, FL 3335 | ₹. | | | Title: () Name: Address: City-St-Zip: | Change () | Addition |
| Title: Name: | V () I SMITH, ANITA M 3166 NW 68 ST | | | | Title: () Name: | Change () | Addition |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DEBRA R. SAVAGE P 03/12/2008