2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000029559

Entity Name: HOME REPAIRS EXECUTIVE CORP.

FILED Mar 06, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1920 W. SAINT LOUIS ST. 7184 EAST BANK DRIVE NAPLES, FL 33607 TAMPA, FL 33617

Current Mailing Address: New Mailing Address:

1920 W. SAINT LOUIS ST. 7184 EAST BANK DRIVE NAPLES, FL 33607 TAMPA, FL 33617

FEI Number: 45-0509062 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MADAM, RAUL MADAN, RAUL E 1920 W. ST. LOUIS STREET 7184 EAST BANK DRIVE TAMPA, FL 33607 TAMPA, FL 33617

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: RAUL MADAN 03/06/2008

> 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: () Delete MADAM, RAUL E Name:

1920 W. ST. LOUIS STREET Address:

City-St-Zip: TAMPA, FL 33607

Title: () Delete

Name: MADAM, RAUL

Address: TAMPA, FL 33607 City-St-Zip:

1920 W. ST. LOUIS STREET

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition Title: Name: MADAN, RAUL E

7184 EAST BANK DRIVE Address: City-St-Zip: TAMPA, FL 33617

Title: (X) Change () Addition

Name: MADAM, RAUL E Address: 7184 EAST BANK DRIVE TAMPA, FL 33617 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: RAUL E MADAN P VP 03/06/2008