

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000049869

FILED
Sep 09, 2005
Secretary of State

Entity Name: HOME SOLUTIONS OF CENTRAL FLORIDA INC.

Current Principal Place of Business:

2820 HOWLAND BLVD
SUITE 4
DELTONA, FL 32738

New Principal Place of Business:

1133 N DIXIE HWY
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

2820 HOWLAND BLVD
SUITE 4
DELTONA, FL 32738

New Mailing Address:

1133 N DIXIE HWY
NEW SMYRNA BEACH, FL 32168

FEI Number: 20-0014460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, MICHAEL
2820 HOWLAND BLVD
SUITE 4
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

ANDERSON, MICHAEL
1133 N DIXIE HWY
NEW SMYRNA BEACH, FL 32168 US

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: MICHAEL J ANDERSON

09/09/2005

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: P () Delete
Name: ANDERSON, MICHAEL
Address: 2820 HOWLAND BLVD SUITE 4
City-St-Zip: DELTONA, FL 32738

Title: VP () Delete
Name: MCCAY, PATRICIA
Address: 2820 HOWLAND BLVD SUITE 4
City-St-Zip: DELTONA, FL 32738

Title: VP () Delete
Name: MCCAY, CHRISTOPHER
Address: 2820 HOWLAND BLVD
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ANDERSON, MICHAEL
Address: 1133 N DIXIE HWY
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP (X) Change () Addition
Name: MCCAY, PATRICIA
Address: 1133 N DIXIE HWY
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP (X) Change () Addition
Name: MCCAY, CHRISTOPHER
Address: 1133 N DIXIE HWY
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL J ANDERSON

P

09/09/2005

Electronic Signature of Signing Officer or Director

Date