2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000081203

Name:

Address:

City-St-Zip:

333 SOUTH 7TH ST. #2700

MINNEAPOLIS, MN 55402

Entity Name: HOMESERVICES OF FLORIDA, INC.

FILED Apr 09, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 666 GRAND AVE **SUITE 2900** DES MOINES, IA 503030657 US **New Mailing Address: Current Mailing Address: BOX 657** DES MOINES, IA 503030657 US FEI Number: 20-0133249 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: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P D () Delete Title: () Change () Addition PELTIER, RONALD J Name: Name: 333 SOUTH 7TH ST. #2700 Address: Address: City-St-Zip: MINNEAPOLIS, MN 55402 City-St-Zip: Title: Title: AS () Delete () Change () Addition LEIGHTON, PAUL J Name: Name: 666 GRAND AVE Address: Address: DES MOINES, IA 50309 City-St-Zip: City-St-Zip: Title: Title: T. D () Delete VΡ (X) Change () Addition JOHNSON, GALEN K EVANS, STEVEN R Name: Name: 333 SOUTH 7TH ST #2700 666 GRAND AVE Address: Address: City-St-Zip: MINNEAPOLIS, MN 55402 City-St-Zip: DES MOINES, IA 50309 Title: () Delete Title: T. D (X) Change () Addition STRANDMO, DANA D SATTLER, CINDY

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.

Name:

Address:

City-St-Zip:

333 SOUTH 7TH ST. #2700

MINNEAPOLIS, MN 55402

SIGNATURE: PAUL J. LEIGHTON 04/09/2007 AS