2004 FOR PROFIT CORPORATION

FILED Mar 31, 2004 8:00 am Secretary of State 03-31-2004 90028 013 ***150.00

ANNUAL REPORT					Secretary or state			
DOCUMENT # P03000095585 1. Entity Name HOME REPAIR USA, INC.					03-31-2004	90028 013 ***1:	50.00	
Principal Plac	on of Rusinoss	Mailing Address				9404	10188	
Principal Place of Business 40347 US HWY 19		40347 US HWY 19				030		
TARPON SPRINGS, FL 34689		TARPON SPRINGS, FL 34689						
					. 16:11 11 61 31			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092004	Chg-P	CR2E034 (10/03)		
City & State		City & State		4. FEI Numb	518 3477		oplied For ot Applicable	
Zip	Country	Zip	Country		of Status Desired	□ \$8.75 Ad	ditional	
	6. Name and Address of Current	Registered Agent			Address of New R	Fee Require	ed	
	6. Name and Address of Current	Name	7. Name and	Address of New A	egistered Agent			
	AS, STEVE	Street Add	ress (P.O. Box Numb	er is Not Accentable	<u> </u>	·		
40347 US TARPON S	SPRINGS, FL 34689	0.0017100		- To the trace of	<u> </u>			
	\bigcap	City			FL Zip Coo	ie		
8. 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. I am familiar with, and act the obligations of registered agent.							and accept	
the obligations of register dagent.						3/24/4	t.	
SIGNATURE Signature, hyborographical name of registered agent and bitle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE On the property of							<u></u>	
	Signature, type-saying manie or registered egon	Tall the Happinesse. Provide	. rogisto da rigent dignata e			DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Trust Fund Contribu				\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS	RECTORS 11.		CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
TITLE	DP	☐ Delete	TITLE		,,	☐ Change	☐ Addition	
NAME STREET ADDRESS	TSETSEKAS, DEANNA 1345 PLAYMOOR DR		NAME STREET ADDRESS					
CITY-ST-ZIP	PALM HARBOR, FL 34683		CITY-ST-ZIP					
TITLE	DV	☐ Delete	TITLE			Change	Addition	
NAME STREET ADDRESS	TSETSEKAS, STEVÉ 1345 PLAYMOOR DR		NAME STREET ADDRESS					
CITY-ST-ZIP	PALM HARBOR, FL 34683		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	***	·····	Change	Addition	
NAME			NAME Street Address					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME		L Delicie	NAME			Change	Addition	
STREET ADDRESS)	STREET ADDRESS					

12. I hereby certify that the information supplied with this filing does not qualify 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 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 true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an accuracy with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 934-0400