2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED DOCUMENT # P04000047758 Jul 11, 2008 08:00 AM Secretary of State 1. Entity Name COMFORT HOMES SOLUTIONS, INC. Principal Place of Business Mailing Address 1138 NARCISSUS 1138 NARCISSUS ORLANDO, FL 32825 ORLANDO, FL 32825 07022008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0891786 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RIVAS, GUSTAVO DO NOT WRITE 1138 NARCISSUS LN ORLANDO, FL 32825 IN THIS SPACE 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 accept the obligations of registered agent. U000000954353 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the Due by September 12, 2008 Trust Fund Contribution Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS DPVS TITLE RIVAS, GUSTAVO 1138 NARCISSUS LN STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32825 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an appears with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

NO TYPETOR PRINTED NAME OF STORMS OFFICER OR DIRECTOR

01-02-08