2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000050325

Entity Name: GRIFFITH'S, YOUR HOME SOLUTION, INC.

FILED Feb 29, 2008 Secretary of State

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

7804 CHEDISTON CIR. 3636 WILDE AVE.

ORLANDO, FL 32817 WINTER PARK, FL 327926625 US

Current Mailing Address: New Mailing Address:

7804 CHEDISTON CIR. 3636 WILDE AVE.

ORLANDO, FL 32817 WINTER PARK, FL 327926625 US

FEI Number: 20-0892856 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

DEBITS & CREDITS GROUP, INC.

2400 N. FORSYTH RD.

SUITE 104

DEBITS & CREDITS GROUP, INC.

1298 MINNESOTA AVE.

SUITE E

ORLANDO, FL 32807 US SUITE E WINTER PARK, FL 32789 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: 02/29/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS () Delete Title: DPS (X) Change () Addition

Name:GRIFFITH, HUGHName:GRIFFITH, HUGHAddress:7804 CHEDISTON CIR.Address:3636 WILDE AVE.

City-St-Zip: ORLANDO, FL 32817 City-St-Zip: WINTER PARK, FL 327926625 US

Title: V () Delete Title: V (X) Change () Addition Name: GRIFFITH, SEAMONE Name: GRIFFITH, SEAMONE

Name: GRIFFITH, SEAMONE Name: GRIFFITH, SEAMON Address: 7804 CHEDISTON CIR. Address: 3636 WILDE AVE.

City-St-Zip: ORLANDO, FL 32817 City-St-Zip: WINTER PARK, FL 32792 US

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: HUGH GRIFFITH PRES 02/29/2008