


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90030 026 ***150.00

DOCUMENT # P04000058104	
1. Entity Name BRIGHT HOME SERVICES, INC.	

Principal Place of Business 11933 SANDALFOOT BOULEVARD WEST BOCA RATON, FL 33428	Mailing Address 11933 SANDALFOOT BOULEVARD WEST BOCA RATON, FL 33428
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2. Principal Place of Business 23030 Oxford Place D Suite, Apt. #, etc.	3. Mailing Address 23030 Oxford Place D Suite, Apt. #, etc.
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City & State Boca Raton FL	City & State Boca Raton FL
Zip 33433	Zip 33433
Country USA	Country USA



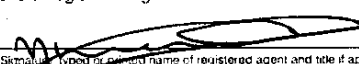
07252006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2701266	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARDILE, ELIZABETH 11933 SANDALFOOT BOULEVARD WEST BOCA RATON, FL 33428	7. Name and Address of New Registered Agent Name: Norma E. Cardile Street Address (P.O. Box Number is Not Acceptable) 23030 Oxford Place #D City: Boca Raton FL Zip Code: 33433
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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.

SIGNATURE:  Norma E. Cardile 7/26/06
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CARDILE, NORMAN E 11933 SANDALEFOOT BOULEVARD WEST BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Norma E. Cardile 23030 Oxford Place #D Boca Raton, FL 33433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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 address, with all other like empowered.

SIGNATURE:  Norma E. Cardile, Pres 7/26/06 (954) 724-8406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #