
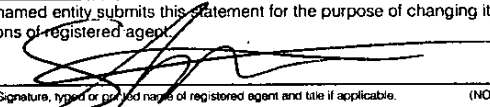
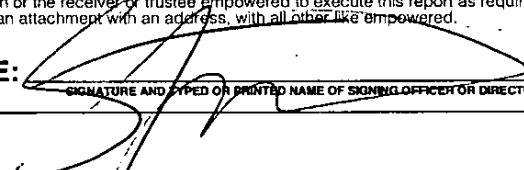


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90356 011 \*\*\*150.00

<b>DOCUMENT # P04000075082</b>			
1. Entity Name <b>EXPERT EYES HOME SERVICES, INC.</b>			
Principal Place of Business <b>27200 RIVER ROYALE CT BONITA SPRINGS, FL 34135</b>		Mailing Address <b>27200 RIVER ROYALE CT BONITA SPRINGS, FL 34135</b>	
2. Principal Place of Business		3. Mailing Address <b>506 106th Ave. N.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Naples, FL</b>	
Zip	Country	Zip <b>34108</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>LA GRASTA, SERGIO J 27200 RIVER ROYALE CT BONITA SPRINGS, FL 34135</b>		7. Name and Address of New-Registered Agent Name <b>La Grasta, Sergio J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>506 106th Ave N</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34108</b>	
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  DATE <b>4-21-05</b> (NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P LA GRASTA, SERGIO J 27200 RIVER ROYALE CT BONITA SPRINGS, FL 34135</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP LA GRASTA, SERGIO 27810 VILLIAGE DR BONITA SPRINGS, FL 34135</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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
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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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
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 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: 		Date <b>4/21/05</b> (239) 645-6290 Daytime Phone #	