
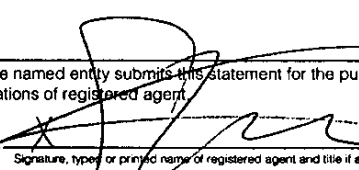
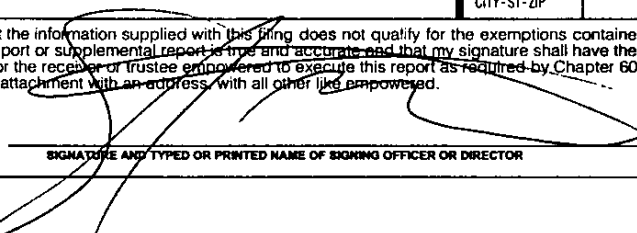


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90338 009 \*\*\*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>506 106TH AVE N NAPLES, FL 34108</b>		
2. Principal Place of Business <b>71 Madison Dr.</b>		3. Mailing Address <b>71 Madison Dr.</b>			
Suite, Apt. #, etc. <b>0</b>		Suite, Apt. #, etc. 			
City & State <b>Naples FL</b>		City & State <b>Naples FL</b>			
Zip <b>34110</b>		Country <b>USA</b>		Zip <b>34110</b>	
Country <b>USA</b>		4. FEI Number <b>20-1110067</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LA GRASTA, SERGIO J 506 106TH AVE N NAPLES, FL 34108</b>			7. Name and Address of New Registered Agent Name <b>Sergio J. LaGrasta</b> Street Address (P.O. Box Number is Not Acceptable) <b>71 Madison Drive</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34110</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>4/24/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <input type="checkbox"/> Delete NAME <b>LA GRASTA, SERGIO J</b> STREET ADDRESS <b>27200 RIVER ROYALE CT</b> CITY-ST-ZIP <b>BONITA SPRINGS, FL 34135</b>			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Sergio J. LaGrasta</b> STREET ADDRESS <b>71 Madison Dr.</b> CITY-ST-ZIP <b>Naples, FL 34110</b>		
TITLE <input checked="" type="checkbox"/> Delete NAME <b>VP</b> STREET ADDRESS <b>LA GRASTA, SERGIO</b> CITY-ST-ZIP <b>27810 VILLIAGE DR BONITA SPRINGS, FL 34135</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: 				Date <b>4/24/06</b> 239-645-6290 <small>Daytime Phone #</small>	