

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000108943

Entity Name: HOMEPRO SOLUTIONS, INC.

FILED  
Mar 21, 2005  
Secretary of State

## Current Principal Place of Business:

2640 N. POWERLINE ROAD  
POMPANO BEACH, FL 33069

## New Principal Place of Business:

## Current Mailing Address:

2640 N. POWERLINE ROAD  
POMPANO BEACH, FL 33069

## New Mailing Address:

FEI Number: 20-1399630

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

D'ESPIES, KEVIN J ESQ  
888 E. LAS OLAS BLVD  
720  
FORT LAUDERDALE, FL 33301 US

## Name and Address of New Registered Agent:

GAREY, ALAN L  
2640 N. POWERLINE ROAD  
POMPANO BEACH, FL 33069 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: ALAN L. GAREY

03/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GAREY, LORI  
Address: 2640 N. POWERLINE ROAD  
City-St-Zip: POMPANNO BEACH, FL 33069

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: GAREY, LAURIE  
Address: 2640 N. POWERLINE ROAD  
City-St-Zip: POMPANNO BEACH, FL 33069

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAURIE GAREY

D

03/21/2005

Electronic Signature of Signing Officer or Director

Date