

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000131113

FILED
Jan 08, 2006
Secretary of State

Entity Name: CLOSE2HOMESERVICES, INC.

Current Principal Place of Business:

4250 SW 95TH AVE.
DAVIE, FL 33328 US

New Principal Place of Business:

4210 S. UNIVERSITY DR
SUITE 6
DAVIE, FL 33328 US

Current Mailing Address:

4210 S UNIVERSITY DR
SUITE 6
DAVIE, FL 33328 US

New Mailing Address:

FEI Number: 20-1836517 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALLACE, WILLIAM J
4250 SW 95TH AVE.
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALLACE, WILLIAM J
Address: 4250 SW 95TH AVE.
City-St-Zip: DAVIE, FL 33328 US

Title: VP () Delete
Name: WALLACE, MICHAEL W
Address: 4250 SW 95TH AVE
City-St-Zip: DAVIE, FL 33328 US

Title: VP () Delete
Name: WALLACE, MELINDA M
Address: 109A ORMAND CT
City-St-Zip: SEBASTIAN, FL 32958 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: WALLACE, MELINDA M
Address: 8375 99TH CT
City-St-Zip: VERO BEACH, FL 32967 US

Title: VP () Change (X) Addition
Name: WALLACE, MATTHEW W
Address: 4250 SW 95TH AVE
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM J. WALLACE

PRES

01/08/2006

Electronic Signature of Signing Officer or Director

_____ Date