

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000140758

FILED
Apr 15, 2005
Secretary of State

Entity Name: JAMAR HOME SOLUTIONS, INC.

Current Principal Place of Business:

5146 NORTHRIDGE ROAD
#101
SARASOTA, FL 34238

Current Mailing Address:

5146 NORTHRIDGE ROAD
#101
SARASOTA, FL 34238

New Principal Place of Business:

4069 CROCKERS LAKE BLVD.
#2813
SARASOTA, FL 34238

New Mailing Address:

4069 CROCKERS LAKE BLVD.
#2813
SARASOTA, FL 34238

FEI Number: 20-1799870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ANTHONY, JOHN M
5146 NORTHRIDGE ROAD
#101
SARASOTA, FL 34238 US

Name and Address of New Registered Agent:

ANTHONY, JOHN M
4069 CROCKERS LAKE BLVD.
#2813
SARASOTA, FL 34238 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:

04/15/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ANTHONY, JOHN M
Address: 5146 NORTHRIDGE ROAD #101
City-St-Zip: SARASOTA, FL 34238

Title: VP () Delete
Name: MARTIN, SUSAN R
Address: 5146 NORTHRIDGE ROAD #101
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ANTHONY, JOHN M
Address: 4069 CROCKERS LAKE BLVD. #2813
City-St-Zip: SARASOTA, FL 34238

Title: VP (X) Change () Addition
Name: MARTIN, SUSAN R
Address: 4069 CROCKERS LAKE BLVD. #2813
City-St-Zip: SARASOTA, FL 34238

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: SUSAN MARTIN

VP

04/15/2005

Electronic Signature of Signing Officer or Director

Date