2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **ANNUAL REPORT** Feb 11, 2008 08:00 AM Secretary of State DOCUMENT # P0500002422 1. Entity Name RLC HOME SOLUTIONS INC. Principal Place of Business Mailing Address 3905 17TH AVENUE WEST 3905 17TH AVENUE WEST BRADENTON, FL 34205 BRADENTON, FL 34205 CR2E034 (11/05) 01162008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2136192 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MILLER, RUSSELL J 3905 17TH AVENUE WEST BRADENTON, FL 34205 IN THIS SPACE 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) Hounnessa 25 รัฐ 02/20/08-80048-006 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TITLE MILLER, RUSSELL J NAME 3905 17TH AVENUE WEST STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/08 "

941-746-4795

Daytime Phone #