

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000034877

FILED
Apr 25, 2007
Secretary of State

Entity Name: SQUARE DEAL HOME SERVICES, INC.

Current Principal Place of Business:

802 SLEEPY HARBOR DRIVE
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

802 SLEEPY HARBOR DRIVE
OCOE, FL 34761

New Mailing Address:

FEI Number: 20-2446744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BANCELLS, ANDREA
802 SLEEPY HARBOR DRIVE
OCOE, FL 34761 US

Name and Address of New Registered Agent:

BANCELLS, ANDREA C
802 SLEEPY HARBOR DRIVE
OCOE, FL 34761 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: ANDREA C. BANCELLS

04/25/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BANCELLS, JOSE G
Address: 802 SLEEPY HARBOR DRIVE
City-St-Zip: OCOE, FL 34761

Title: S, T () Delete
Name: BANCELLS, ANDREA C
Address: 802 SLEEPY HARBOR DRIVE
City-St-Zip: OCOE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JOSE G. BANCELLS

P

04/25/2007

Electronic Signature of Signing Officer or Director

Date