


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000037681	
1. Entity Name PARAMOUNT HOME SERVICES, INC.	

FILED

08 SEP -2 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2948 PONCE DE LEON BLVD. NORTH PORT, FL 34286	Mailing Address 2948 PONCE DE LEON BLVD. NORTH PORT, FL 34286
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. <i>SAME</i>	Suite, Apt. #, etc. <i>SAME</i>
City & State <i>SAME</i>	City & State <i>SAME</i>
Zip <i>34291</i>	Country
Zip <i>34291</i>	Country

08222008	Chg-P	CR2E034 (12/06)
4. FEI Number 20-2366484	Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HANKO, PATRICK D 2948 PONCE DE LEON BLVD. NORTH PORT, FL 34286 <i>34291</i>
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	HANKO, PATRICK D
STREET ADDRESS	2948 PONCE DE LEON BLVD.
CITY-ST-ZIP	NORTH PORT, FL 34286 <i>34291</i>
TITLE	D <input type="checkbox"/> Delete
NAME	GROMEN, SCOTT
STREET ADDRESS	2948 PONCE DE LEON BLVD.
CITY-ST-ZIP	NORTH PORT, FL 34286 <i>34291</i>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHELLE HANKO
STREET ADDRESS	2948 PONCE DE LEON BLVD
CITY-ST-ZIP	NORTH PORT, FL 34286
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SD MICHELE A. HANKO
STREET ADDRESS	2948 PONCE DE LEON BLVD.
CITY-ST-ZIP	NORTH PORT, FL. 34291
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: <i>Patrick D. Hanko</i>	8/25/08	941-323-7603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

KS