

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000097510

FILED
Jan 03, 2008
Secretary of State

Entity Name: HOME SOLUTIONS PRO INC.

Current Principal Place of Business:

1309 ST JOHNS BLUFF RD
7
JACKSONVILLE, FL 32225

Current Mailing Address:

PO BOX 350822
JACKSONVILLE, FL 32235

New Principal Place of Business:

8800 ARLINGTON EXPRESSWAY
SUITE G-2
JACKSONVILLE, FL 32211 US

New Mailing Address:

PO BOX 350822
JACKSONVILLE, FL 32235 US

FEI Number: 20-3135674

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASSAN, NAJI
1309 ST JOHNS BLUFF RD
7
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

PETE ORLANDO, CPA, PA
4745 SUTTON PARK COURT
SUITE 101
JACKSONVILLE, FL 32224 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: PETE ORLANDO

01/03/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRSD () Delete
Name: HASSAN, NAJI
Address: P.O. BOX 350822
City-St-Zip: JACKSONVILLE, FL 32235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: HASSAN, NAJI
Address: P.O. BOX 350822
City-St-Zip: JACKSONVILLE, FL 32235 US

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: NAJI HASSAN

P

01/03/2008

Electronic Signature of Signing Officer or Director

Date