

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145151

FILED
Apr 30, 2009
Secretary of State

Entity Name: THE HOME GENERATOR STORE, INC

Current Principal Place of Business:

16534 SW 32 STREET
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

14359 MIRAMAR PARKWAY, SUITE #192
MIRAMAR, FL 330274134

New Mailing Address:

FEI Number: 20-3838643 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNELLS, GARY A
16534 SW 32 STREET
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SNELLS, GARY A
Address: 16534 SW 32 STREET
City-St-Zip: MIRAMAR, FL 33027

Title: COO () Delete
Name: GODT, GARY
Address: H-20 HARRISON STREET
City-St-Zip: GUAYNABO, PR 00969

Title: CFO () Delete
Name: REYNOLDS, COLLINS J
Address: 6767 COLLINS AVE #1604
City-St-Zip: MIAMI, FL 33141

Title: VP () Delete
Name: PECKER, HOWARD
Address: 5 BATES WAY
City-St-Zip: WESTFIELD, NJ 07090

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: GARY SNELLS

P

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date