

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000149826

Entity Name: HOME-AID SERVICES, INC.

FILED
Apr 26, 2008
Secretary of State

Current Principal Place of Business:

4112 AMBER RIDGE LANE
VALRICO, FL 33594 US

New Principal Place of Business:

Current Mailing Address:

4112 AMBER RIDGE LANE
VALRICO, FL 33594 US

New Mailing Address:

FEI Number: 20-3838586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERCER, BARBARA A
4112 AMBER RIDGE LANE
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

MERCER, GLENN R
4112 AMBER RIDGE LANE
VALRICO, FL 33594 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: GLENN R. MERCER

04/26/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MERCER, BARBARA A
Address: 4112 AMBER RIDGE LANE
City-St-Zip: VALRICO, FL 33594 US

Title: P (X) Delete
Name: MERCER, GLENN R
Address: 4112 AMBER RIDGE LANE
City-St-Zip: VALRICO, FL 33594 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MERCER, GLENN R
Address: 4112 AMBER RIDGE LANE
City-St-Zip: VALRICO, FL 33594 US

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: GLENN R. MERCER

P

04/26/2008

Electronic Signature of Signing Officer or Director

Date