2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2009
Secretary of State

DOCUMENT# P06000005748

Entity Name: HOME DETAILING & RESTORATION SERVICES CORP.

Current Principal Place of Business:

3605 SOUTH OCEAN BLVD
APT 439
S.PALLM BEACH, FL 33480

New Principal Place of Business:

6094 SLICE COURT
BOYNTON BEACH, FL 33437

Current Mailing Address:

3605 SOUTH OCEAN BLVD
APT 439
S.PALLM BEACH, FL 33480

New Mailing Address:

6094 SLICE COURT
BOYNTON BEACH, FL 33437

FEI Number: 16-1746626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAVASTA, LAURA
3605 SOUTH OCEAN BLVD
APT 439
SOUTH PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

SAVASTA, LAURA
6094 SLICE COURT
BOYNTON BEACH, FL 33437 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: 08/27/2009
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SAVASTA, LAURA
Address: 3605 SOUTH OCEAN BLVD, APT. 439
City-St-Zip: S.PALLM BEACH, FL 33480

Title: O ( ) Delete
Name: SAVASTA, FRANK
Address: 3605 SOUTH OCEAN BLVD, APT. 439
City-St-Zip: S.PALLM BEACH, FL 33480

Title: O ( ) Delete
Name: MARTINEZ, CARLOS F
Address: 3605 SOUTH OCEAN BLVD, APT. 439
City-St-Zip: S PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SAVASTA, LAURA
Address: 6094 SLICE COURT
City-St-Zip: BOYNTON BEACH, FL 33437

Title: O (X) Change ( ) Addition
Name: SAVASTA, FRANK
Address: 6094 SLICE COURT
City-St-Zip: BOYNTON BEACH, FL 33437

Title: O (X) Change ( ) Addition
Name: MARTINEZ, CARLOS F
Address: 6094 SLICE COURT
City-St-Zip: BOYNTON BEACH, FL 33437

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: LAURA SAVASTA P 08/27/2009
Electronic Signature of Signing Officer or Director — Date