2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000048082

QUINN, SHERI

7562 SOUTHGATE BLVD.

NO. LAUDERDALE, FL 33068 FL

Name:

Address:

City-St-Zip:

Entity Name: HOME TEAM SOLUTIONS, INC.

FILED Jan 23, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:	
	JTHGATE BLVI DERDALE, FL :		JS		
Current N	Mailing Addres	s:		New Mailing Addres	ss:
	JTHGATE BLVI DERDALE, FL :		JS		
FEI Number	: 20-4632681	FEI Numb	per Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
4370 NAU MIAMI BEA	I, LEWIS G ESC ITILUS DRIVE ACH, FL 33140 e named entity s e of Florida.) US	s statement for the p	ourpose of changing its register	ed office or registered agent, or both,
SIGNATU					
Electronic Signature of Registered Ager				ent	 Date
Election Ca	mpaign Financing	g Trust Fund	d Contribution ().		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () QUINN, BRUCE 7562 SOUTHGA NO. LAUDERDA	ATE BLVD.	68 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:				Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	ne: QUINN, ANDŘÉW Iress: 7562 SOUTHGATE BLVD.			Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	D ()	5.1.1		Title:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ANDY QUINN VP 01/23/2007