2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007
Secretary of State

DOCUMENT# P06000061528

Entity Name: MOBILE HOME SPECIALISTS INC.

Current Principal Place of Business:

2600 PINE APPLE AVENUE
MELBOURNE, FL 32935

New Principal Place of Business:

2600 PINE APPLE AVENUE
APT. E-14
MELBOURNE, FL 32935

Current Mailing Address:

2600 PINE APPLE AVENUE
MELBOURNE, FL 32935

New Mailing Address:

2600 PINE APPLE AVENUE
APT. E-14
MELBOURNE, FL 32935

FEI Number: 20-4812060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, CINDY R
2600 PINE APPLE AVENUE
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

BERARD, YANN
2600 PINE APPLE AVENUE
APT. E-14
MELBOURNE, FL 32935 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: YANN BERARD 01/12/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JONES, CINDY R
Address: 4701 SW 23RD TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: D ( ) Delete
Name: BERARD, YANN
Address: 2600 PINE APPLE AVENUE
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change ( ) Addition
Name: BERARD, YANN
Address: 2600 PINE APPLE AVENUE APT. E-14
City-St-Zip: MELBOUNE, FL 32935

Title: PTS (X) Change ( ) Addition
Name: BERARD, YANN
Address: 2600 PINE APPLE AVENUE APT. E-14
City-St-Zip: MELBOURNE, FL 32935

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.

SIGNATURE: YANN BERARD PTS 01/12/2007
Electronic Signature of Signing Officer or Director Date