


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 11, 2008 8:00 am
Secretary of State

09-11-2008 90001 024 ***550.00

DOCUMENT # P06000127610	
1. Entity Name GET IT HOME SERVICES, INC.	

Principal Place of Business 24 DOCKSIDE LANE #104 KEY LARGO FL 33037 US	Mailing Address 24 DOCKSIDE LANE #104 KEY LARGO FL 33037 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

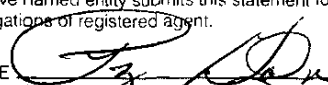
2nd MOORE CR2E034 (4/08)

City & State	City & State
Zip	Country

4. FEI Number 65-1275913	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent PERSAUD, SAMUEL A 201 NORTH KROME AVENUE SUITE 200 HOMESTEAD, FL 33030	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 7-15-08

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2008	S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P <input type="checkbox"/> Delete	NAME GALEN, PHYLLIS
STREET ADDRESS 24 DOCKSIDE LANE #104	CITY-ST-ZIP KEY LARGO FL 33037
TITLE S <input type="checkbox"/> Delete	NAME GALEN, PHYLLIS
STREET ADDRESS 24 DOCKSIDE LANE #104	CITY-ST-ZIP KEY LARGO FL 33037
TITLE T <input type="checkbox"/> Delete	NAME GALEN, PHYLLIS
STREET ADDRESS 24 DOCKSIDE LANE #104	CITY-ST-ZIP KEY LARGO FL 33037
TITLE D <input type="checkbox"/> Delete	NAME GALEN, PHYLLIS
STREET ADDRESS 24 DOCKSIDE LANE #104	CITY-ST-ZIP KEY LARGO FL 33037
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME VP Gregory Perham
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE: 	DATE 9-3-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #