

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000127610

FILED
Jun 22, 2009
Secretary of State

Entity Name: GET IT HOME SERVICES, INC.

Current Principal Place of Business:

24 DOCKSIDE LANE #104
KEY LARGO, FL 33037 US

New Principal Place of Business:

Current Mailing Address:

24 DOCKSIDE LANE #104
KEY LARGO, FL 33037 US

New Mailing Address:

FEI Number: 65-1275913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERSAUD, SAMUEL A
201 NORTH KROME AVENUE
SUITE 200
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

PERSAUD, SAMUEL A
10631 NORTH KENDALL DRIVE
SUITE 205
MIAMI, FL 33176 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: SAMUEL A. PERSAUD

06/22/2009

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: GALEN, PHYLLIS
Address: 24 DOCKSIDE LANE #104
City-St-Zip: KEY LARGO, FL 33037 US

Title: T () Delete
Name: GALEN, PHYLLIS
Address: 24 DOCKSIDE LANE #104
City-St-Zip: KEY LARGO, FL 33037 US

Title: VP () Delete
Name: PERHAM, GREGORY
Address: 24 DOCKSIDE LANE 3104
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PHYLLIS GALEN

P

06/22/2009

Electronic Signature of Signing Officer or Director

Date