

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000153942

Entity Name: WELCOME HOME CONCEPTS, INC.

FILED
Nov 16, 2008
Secretary of State

Current Principal Place of Business:

898 LAKE IRENE ROAD
CASLEBERRY, FL 32707 US

New Principal Place of Business:

221 KETTERING ROAD
CASLEBERRY, FL 32707 US

Current Mailing Address:

898 LAKE IRENE ROAD
CASLEBERRY, FL 32707 US

New Mailing Address:

221 KETTERING ROAD
CASLEBERRY, FL 32707 US

FEI Number: 20-8269735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CALLEGARI, NEIL
898 LAKE IRENE ROAD
CASLEBERRY, FL 32707 US

Name and Address of New Registered Agent:

CALLEGARI, TARA L
221 KETTERING ROAD
DELTONA, FL 32725 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: TARA CALLEGARI

11/16/2008

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: CALLEGARI, NEIL
Address: 898 LAKE IRENE ROAD
City-St-Zip: CASLEBERRY, FL 32707 US

Title: V () Delete
Name: BARNEY, JAMES
Address: 898 LAKE IRENE RD #8
City-St-Zip: CASSELBERRY, FL 32707

Title: S () Delete
Name: COLLEGANI, TARA
Address: 322 NOTRE DAME
City-St-Zip: ALTAMONTE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CALLEGARI, TARA
Address: 221 KETTERING ROAD
City-St-Zip: DELTONA, FL 32725 US

Title: V (X) Change () Addition
Name: MANOS, CHRISTOPHER
Address: 221 KETTERING ROAD
City-St-Zip: DELTONA, FL 32725

Title: S (X) Change () Addition
Name: CALLEGARI, NEIL
Address: 898 LAKE IRENE ROAD
City-St-Zip: CASSELBERRY, FL 32707

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: TARA CALLEGARI

P

11/16/2008

Electronic Signature of Signing Officer or Director

Date