## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000155948

Entity Name: HOME PLAN SERVICES INC.

FILED Apr 30, 2008 Secretary of State

Current P	rincipal Place	of Business	New Princ	ipal Place of Business:	
843 SW 13 MIAMI, FL	4 PLACE	5. <b>24</b> 5655.		, par i lace di <b>Da</b> dinessi	
Current Mailing Address:			New Mailir	New Mailing Address:	
843 SW 13 MIAMI, FL					
FEI Number:	20-8098204	FEI Number Applied For ( )	FEI Number Not Appli	icable ( ) Certificate of Status Desired ( )	
Name and	Address of Co	urrent Registered Agent:	Name and	Address of New Registered Agent:	
PONCE, A 843 SW 13 MIAMI, FL	34 PLACE 33184 US				
The above in the State		ubmits this statement for the purp	oose of changing it	ts registered office or registered agent, or both,	
SIGNATUR	RE:				
	Electroni	c Signature of Registered Agent		Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS	S AND DIRECT	ORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PSD () PONCE, ANGEL 843 SW 134 PL/ MIAMI, FL 3318	ACE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	PSD ( ) Change (X) Addition PONCE, ANGEL E 843 SW 134PL MIAMI, FL 33184	
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	PSD () Change (X) Addition PONCE, ANGEL E 843 SW 134 PL MIAMI, FL 33184	
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Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	PSD () Change (X) Addition PONCE, ANGEL E 843 SW 134 PL MIAMI, FL 33184	

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: ANGEL E, PONCE PSD 04/30/2008