2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2009
Secretary of State

DOCUMENT# P07000043005

Entity Name: ALL HOME SOLUTIONS, INC.

Current Principal Place of Business:

614 FENTON PL #202
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

1541 PALM AVE
WINTER PARK, FL 32789

Current Mailing Address:

614 FENTON PL #202
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

1541 PALM AVE
WINTER PARK, FL 32789

FEI Number: 20-8805243 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ESCRIBA, YAMPIER
614 FENTON PL #202
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

ESCRIBA, YAMPIER
1541 PALM AVE
WINTER PARK, FL 32789 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: YAMPIER ESCRIBA 05/11/2009
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: ESCRIBA, YAMPIER
Address: 127 GUM STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S ( ) Delete
Name: ESCRIBA, YAMPIER
Address: 127 GUM STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T ( ) Delete
Name: ESCRIBA, YAMPIER
Address: 127 GUM STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ESCRIBA, YAMPIER
Address: 1541 PALM AVE
City-St-Zip: WINTER PARK, FL 32789

Title: S (X) Change ( ) Addition
Name: ESCRIBA, YAMPIER
Address: 1541 PALM AVE
City-St-Zip: WINTER PARK, FL 32789

Title: T (X) Change ( ) Addition
Name: ESCRIBA, YAMPIER
Address: 1541 PALM AVE
City-St-Zip: WINTER PARK, FL 32789

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: YAMPIER ESCRIBA P 05/11/2009
Electronic Signature of Signing Officer or Director Date