2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000063689

Entity Name: THE HOLMES GROUP, INC.

FILED Mar 10, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business |
|--------------------------------------|---------------------------------|
| 229 NW 15TH ST. | 5225A WEST BROWARD BLVD. |
| POMPANO BEACH, FL 33060 | PLANTATION, FL 33317 US |

Current Mailing Address: New Mailing Address:

229 NW 15TH ST. 229 NW 15TH STREET

POMPANO BEACH, FL 33060 US

FEI Number: 26-0254565 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOLMES, T D HOLMES, T D

100 NW 30TH AVENUE 229 NW 15TH STREET

POMPANO BEACH, FL 33069 US POMPANO BEACH, FL 33060 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: TD HOLMES 03/10/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PCFO** () Delete Title: **PRFS** (X) Change () Addition HOLMES, TIWANA D Name: HOLMES, T D Name: 100 NW 30TH AVENUE 229 NW 15TH STREET Address: Address: City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: POMPANO BEACH, FL 33060 US

Title: () Delete Title: D () Change (X) Addition Name: BURLEY, ALAN J

 Name:
 Name:
 BURLEY, ALAN J

 Address:
 Address:
 229 NW 15TH STREET

 City-St-Zip:
 City-St-Zip:
 POMPANO BEACH, FL 33060 US

Title: () Delete Title: D () Change (X) Addition

Name: Name: Name: NEAL, COURTNEY Q
Address: Address: 229 NW 15TH STREET
City-St-Zip: City-St-Zip: POMPANO BEACH, FL 33060 US

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 BURLEY, ALAYSIA J

 Address:
 Address:
 229 NW 15TH STREET

City-St-Zip: City-St-Zip: POMPANO BEACH, FL 33060 US

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: T D HOLMES PRES 03/10/2009