

2008 FOR PROFIT CORPORATION ANNUAL REPORT


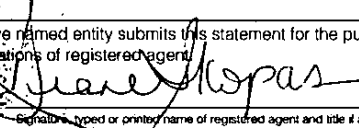

FILED
Jul 10, 2008 8:00 am
Secretary of State

07-10-2008 90014 010 ***150.00

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07072008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000082323					
1. Entity Name KB IN HOME SERVICES INC					
Principal Place of Business 100 EAST LINTON BLVD SUITE 201A DELRAY BEACH, FL 33483 US			Mailing Address 100 EAST LINTON BLVD SUITE 201A DELRAY BEACH, FL 33483 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-0559684	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SKOPAS, DIANE 1730 SOUTH FEDERAL HIGHWAY SUITE 257 DEL RAY BEACH, FL 33483				7. Name and Address of New Registered Agent Name SKOPAS, DIANE Street Address (P.O. Box Number is Not Acceptable) 100 E. LINTON BLVD. SUITE 201A City DELRAY BEACH FL Zip Code 33483	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DIANE SKOPAS 7/7/08 (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BENNETT, KEVIN <input type="checkbox"/> Delete 1730 SOUTH FEDERAL HIGHWAY STE 258 DEL RAY BEACH, FL 33483		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. BENNETT, KEVIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 E. LINTON BLVD. SUITE 201A DELRAY BEACH, FL. 33483	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.					
SIGNATURE:  (W. KEVIN BENNETT)			7/9/08 5612662797		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		