

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000125034

FILED
Apr 27, 2008
Secretary of State

Entity Name: P. R. HOME IMPROVEMENT SOLUTIONS, INC.

Current Principal Place of Business:

209 FAIRVIEW DR
STE 101
LEWISBURG, PA 17837 US

New Principal Place of Business:

23 N DERR DR
SUITE 23
LEWISBURG, PA 17837 US

Current Mailing Address:

209 FAIRVIEW DR
STE 101
LEWISBURG, PA 17837 US

New Mailing Address:

P.O. BOX 643
LEWISBURG, PA 17837 US

FEI Number: 36-4620553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEHARDER, ROBERT
1102 DEL-MAR CIRCLE
W. MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

DEHARDER, BRADLEY
1102 DEL-MAR CIRCLE
W. MELBOURNE, FL 32904 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: BRADLEY R. DEHARDER

04/27/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KLOSE, CORINNE L
Address: 209 FAIRVIEW DR STE 101
City-St-Zip: LEWISBURG, PA 17837 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CORINNE L. KLOSE

PRES

04/27/2008

Electronic Signature of Signing Officer or Director

Date