

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000001445

FILED
Apr 30, 2009
Secretary of State

Entity Name: NORTH STAR HOME SOLUTIONS, INC.

Current Principal Place of Business:

6333 NIKKI LN
TAMPA, FL 33625 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 341183
TAMPA, FL 33694 US

New Mailing Address:

FEI Number: 26-1690535 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIPP, ROBERT G
14906 NORTHWOOD VILLAGE LN
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

ROBERT G. KIPP, P.A.
5121 EHRlich RD
106B
TAMPA, FL 33624 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: ROBERT G. KIPP, P.A. 04/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: LOCHRIDGE, ANGELIQUE S
Address: 6333 NIKKI LN
City-St-Zip: TAMPA, FL 33625 US

Title: VP () Delete
Name: KIPP, ROBERT G
Address: 14906 NORTHWOOD VILLAGE LN
City-St-Zip: TAMPA, FL 33613

Title: VP () Delete
Name: LOCHRIDGE, ANDREW V
Address: 6333 NIKKI LN
City-St-Zip: TAMPA, FL 33625

Title: VP () Delete
Name: KIPP, ANNITA F
Address: 14906 NORTHWOOD VILLAGE LN
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ROBERT G. KIPP VP 04/30/2009

Electronic Signature of Signing Officer or Director Date