

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000001445

FILED  
Apr 30, 2010  
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:**

ROBERT G. KIPP, P.A.  
5121 EHRLICH RD  
106B  
TAMPA, FL 33624 US

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

ROBERT G. KIPP, P.A.  
5121 EHRLICH RD  
110B  
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

04/30/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT G. KIPP

VP

04/30/2010

Electronic Signature of Signing Officer or Director

Date