

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90815 001 ***300.00

DOCUMENT # P38719

1. Entity Name
 THE HOME DEPOT SUPPLY, INC.



Principal Place of Business
 2455 PACES FERRY ROAD, C-20
 ATLANTA, GA 30339

Mailing Address
 2455 PACES FERRY ROAD, C-20
 ATLANTA, GA 30339

66008449



03162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 75-2007383

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHAIBI, ANESA T
STREET ADDRESS	2455 PACES FERRY ROAD, C-20
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	VP
NAME	DEANGELO, JOSEPH J
STREET ADDRESS	2455 PACES FERRY ROAD, C-20
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	VPD
NAME	BLAKE, FRANCIS S
STREET ADDRESS	2455 PACES FERRY ROAD, C-20
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	VPSD
NAME	FERNANDEZ, FRANK L
STREET ADDRESS	2455 PACES FERRY ROAD, C-20
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	VPTD
NAME	TOME, CAROL B
STREET ADDRESS	2455 PACES FERRY ROAD, C-20
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	AS
NAME	GOTTSEGEN, JONATHAN M
STREET ADDRESS	2455 PACES FERRY ROAD, C-20
CITY-ST-ZIP	ATLANTA, GA 30339

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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 like empowered.

SIGNATURE: Jonathan M. Gottsegen 3/16-06 770-384-2858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #