

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000044264

FILED
Apr 28, 2008
Secretary of State

Entity Name: HOUSE OF APPLIANCES INCORPORATED

Current Principal Place of Business:

600 N. CONGRESS AVE.
SUITE 300 B
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

600 N. CONGRESS AVE.
SUITE 300 B
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 65-0423506 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TSIKIS, EUGENE
600 N. CONGRESS AVE. SUITE 300 B
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CSD () Delete
Name: EBERWEIN, INES
Address: 600 N. CONGRESS AVE SUITE 300B
City-St-Zip: DELRAY BEACH, FL 33445

Title: PTD () Delete
Name: TSIKIS, EUGENE
Address: 600 N. CONGRESS AVE. SUITE 300B
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: INES EBERWEIN

SECY

04/28/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date