2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005
Secretary of State

DOCUMENT# P94000044105

Entity Name: HANDYMAN HOME REPAIR SERVICE, INC.

Current Principal Place of Business:

11327 - 43 STREET NORTH
CLEARWATER, FL 34622

New Principal Place of Business:

Current Mailing Address:

11327 - 43 STREET NORTH
CLEARWATER, FL 34622

New Mailing Address:

FEI Number: 65-0571970 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLBRITTEN, JAMES K
11327 - 43 STREET NORTH
CLEARWATER, FL 34622 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: P ( ) Delete
Name: DISALVATORE, JOSEPH P
Address: 11327-43 STREET NORTH
City-St-Zip: CLEARWATER, FL

Title: VP ( ) Delete
Name: MARCIANO, FRANKLIN A
Address: 11327-43 STREET NORTH
City-St-Zip: CLEARWATER, FL

Title: T ( ) Delete
Name: FABRIZI, RICHARD J SR
Address: 11327 43 STREET N
City-St-Zip: CLEARWATER, FL

Title: S ( ) Delete
Name: ALLBRITTEN, JAMES K
Address: 11327 43RD ST N
City-St-Zip: CLEARWATER, FL 33762

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 for the exemption stated in Section 119.07(3)(i), 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: JAMES K ALLBRITTEN S 04/23/2005

Electronic Signature of Signing Officer or Director — Date