

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000035185

FILED
Apr 30, 2007
Secretary of State

Entity Name: SOUTHWEST FLORIDA HOME SERVICE, INC.

Current Principal Place of Business:

26951 LOST WOODS CIRCLE
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

8891 BRIGHTON LANE
SUITE # 122
BONITA SPRINGS, FL 34135 US

Current Mailing Address:

PO BOX 2642
BONITA SPRINGS, FL 34133

New Mailing Address:

FEI Number: 65-0661047 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENSON, CHRISTINE
26951 LOST WOODS CIRCLE
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

HENSON, CHRISTINE
8891 BRIGHTON LANE
SUITE # 122
BONITA SPRINGS, FL 34135 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: CHRISTINE HENSON

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HENSON, CHRISTINE
Address: 26951 LOST WOODS CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HENSON, CHRISTINE
Address: 8891 BRIGHTON LANE, SUITE # 122
City-St-Zip: BONITA SPRINGS, FL 34135

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: CHRISTINE HENSON

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date