


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90061 020 ***150.00

DOCUMENT # P98000065360
 1. Entity Name
 Home Systems, Inc. 

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 197 Drennen Rd.
 Suite, Apt. #, etc. Suite 415

3. Mailing Address
 Same
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Orlando, Fl 32806

4. FEI Number
 59-3527575

Applied For
 Not Applicable

Zip
 32806

Country
 US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
 Daniel Quinn

Street Address (P.O. Box Number is Not Acceptable)
 197 Drennen Rd. Suite 415

City
 Orlando FL Zip Code
 32806

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Daniel Quinn 197 Drennen Rd. Suite 415 Orlando, Fl 32806	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  6/18/03 407 856-5556
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #