FILED Jan 25, 2007 08:00 A Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

| DOCUMENT # P9900008322 I. Entity Name HOUSESIGHT BUILDING SERVICES, INC. Principal Place of Business Mailing Address 5013 LONGBOAT BLVD E 5013 LONGBOAT BLVD E | | | - | | |
|--|--|-------------------------------|-------------------------------------|--------------------------------|---|
| TAMPA, FL 33615 TAMPA, FL 33615 DO NOT WRITE IN THIS SPACE | | `F | 01222007 | | 2E034 (11/05) |
| 8. Name and Address of Current Registered Agent | | | Fel Numb 59-355 Certificate | | Applied For Not Applicable \$8.75 Additional Fee Required |
| REYES, JOSE M 50132 LONGBOAT BLVD E TAMPA, FL 33615 | | DO NOT WRITE IN THIS SPACE | | | |
| 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent algebraic when reinstating) DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | Election Campaign Finan Trust Fund Contribution. | | .00 May Be ed to Fees | | |
| 10. OFFICERS AND DIRECT TITLE PST REYES, JOSE M STREET ADDRESS 5013 LONGBOAT BLVD. E. TAMPA, FL 33615 | TORS | | | U00000E 01/29/07-(| 003237 30005-015 150.00 |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | | | NOT WRI | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | · · · · · · · · · · · · · · · · · · · | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ling does not qualify for the eye | molions confilme | in Chapter 14 | 9. Florida Statutes. I further | certify that the information |
| 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: SIGNATURE: SIGNATURE AND TYPED OR PRINTELLINAME OF SINING OFFICER OR DIRECTOR Cayung Phone Phone Process Cayung Phone Phone Phone Process Cayung Phone Pho | | | | | |