

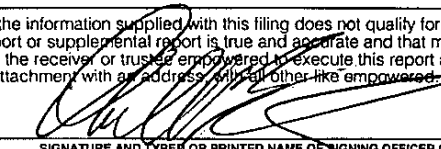


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90308 028 \*\*\*150.00

<b>DOCUMENT # P99000037324</b> 1. Entity Name <b>HOME OWNERS SERVICES OF ATLANTA, INC.</b>																																															
Principal Place of Business <b>111 SOUTH ARMENIA AVENUE SUITE 101 TAMPA, FL 33609</b>			Mailing Address <b>111 SOUTH ARMENIA AVENUE SUITE 101 TAMPA, FL 33609</b>																																												
2. Principal Place of Business Suite, Apt. #, etc. <b>990 Holcomb Bridge Rd.</b> City & State <b>Roswell, GA</b> Zip <b>30076</b>		3. Mailing Address Suite, Apt. #, etc.  City & State  Zip  Country <b>US</b>																																													
4. FEI Number <b>59-3571439</b>		Applied For <input type="checkbox"/> Not Applicable		03312005    Chg-P    CR2E034 (10/03)																																											
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>BENNATI, ALVIN A JR 111 SOUTH ARMENIA AVENUE SUITE 101 TAMPA, FL 33609</b>																																											
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																															
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS																																											
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">Delete</td> </tr> <tr> <td></td> <td>DP</td> <td>BENNATI, JR., ALVIN</td> <td>111 S. ARMENIA AVE., STE 101 TAMPA, FL 33609</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>DVST</td> <td>BENNATI, LIANE</td> <td>111 S. ARMENIA AVE., STE 101 TAMPA, FL 33609</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> </tr> </table>				TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		DP	BENNATI, JR., ALVIN	111 S. ARMENIA AVE., STE 101 TAMPA, FL 33609	<input type="checkbox"/>		DVST	BENNATI, LIANE	111 S. ARMENIA AVE., STE 101 TAMPA, FL 33609	<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>							
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SIGNATURE: 		4/15/05    813-873-1199		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Alvin Bennati Jr.</b>																																											