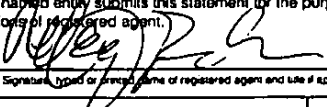
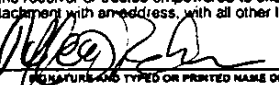


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**1. Mar 02, 2007 8:00 am
Secretary of State**

01-25-2007 90048 010 ***150.00

DOCUMENT # V30046 1. Entity Name P.T. AT HOME SERVICES, INC.			
Principal Place of Business 1811 N.W. 88TH TERRACE PEMBROKE PINES, FL 33024		Mailing Address 1811 N.W. 88TH TERRACE PEMBROKE PINES, FL 33024	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent BACCHUS, RAFFEEQ 1811 N.W. 88TH TERRACE PEMBROKE PINES, FL 33024		DO NOT WRITE IN THIS SPACE	
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:  01/22/2007 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reappointing) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PD		
NAME	BACCHUS, FARIDA		
STREET ADDRESS	1811 NW 88TH TERR		
CITY-ST-ZIP	PEMBROKE PINES, FL		
TITLE	STD		
NAME	BACCHUS, RAFFEEQ		
STREET ADDRESS	1811 NW 88TH TERR		
CITY-ST-ZIP	PEMBROKE PINES, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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:  RAFFEEQ BACCHUS 02/15/2007 P.A.E.S. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			