2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # F01000002205 04-18-2005 90548 001 ***150.00 1. Entity Name HOMENET, INC. Principal Place of Business Mailing Address 20035500 707 SHADOW BAY WAY 707 SHADOW BAY WAY OSPREY, FL 34229 US OSPREY, FL 34229 US 2. Principal Place of Business 6713 AVENUE 3. Mailing Address 6713 Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 04052005 Chg-P CR2E034 (10/03) City & State City & State Sura Suta 4. FEI Number Applied For Sarasota 23-2878377 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Jesse-Biter-BITER, JESSE Street Address (P.O. Box Number is Not Acceptable) 707 SHADOW BAY WAY OSPREY, FL 34229 6713 Avenue Zip Code 3 +23/ 8. The above named entity submits this statement of 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 registere SIGNATURE (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable. 9. Election Campaign Financing ्र**:\$5.00**.May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 -Trust Fund Contribution -- ---Added to Fees C. . . . 15 11. Alleberid 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCD PCD ☐ Delete TITLE ☐ Change Addition BITER, JESSE NAME NAME Jesse Biter 6713 Avenue B Sarasuta, FL STREET ADDRESS 707 SHADOW BAY WAY STREET ADDRESS OSPREY, FL 34229 CITY-ST-ZIP CITY-ST-ZIP 3423 TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-7IP ☐ Delete □ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TIŤLE ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 emphasized 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 attachme ke empowered. SIGNATURE: THO NAME OF MONING OFFICER OR DIRECTOR

FILED

Apr 18, 2005 8:00 am