

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90220 013 \*\*\*150.00

**DOCUMENT # P00000037476**  
 1. Entity Name  
**WELCOME HOME INTERNATIONAL, INC.**  
*Florida Corp*



Principal Place of Business      Mailing Address  
 7607 LAGER LANE                      7607 LAGER LANE  
 MARYSVILLE, WA 98271              MARYSVILLE, WA 98271

**DO NOT WRITE IN THIS SPACE**



03142004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**56-2327418**      Not Applicable

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

6. Name and Address of Current Registered Agent  
 ALRON ENTERPRISE INC  
 390 NARRAGANSETT ST NE  
 PALM BAY, FL 32907  
*3990 Minton Rd  
 Melbourne, FL  
 32904*

**DO NOT WRITE IN THIS SPACE**

7. 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]* **Alron Enterprises Inc.**      DATE: *4/26/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	NORRIS, GARY
STREET ADDRESS	7607 LAGER LANE
CITY-ST-ZIP	MARYSVILLE, WA 98271
TITLE	DST
NAME	NORRIS, LAVONNE
STREET ADDRESS	7607 LAGER LANE
CITY-ST-ZIP	MARYSVILLE, WA 98271
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lavonne Norris*      Lavonne Norris, Secretary      Date: *4/23/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Check # 1106 - Dept. of State \$150.00

360 658 9103