


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P0000092729
 1. Entity Name
 HITECH HOME, INC.



Principal Place of Business: 2555 ENTERPRISE RD, STE 4, CLEARWATER FL 33763
 Mailing Address: 2555 ENTERPRISE RD, STE 4, CLEARWATER FL 33763



1st MOORE CR2E034 (10/04)

2. Principal Place of Business: Suite, Apt #, etc.
 3. Mailing Address: Suite, Apt #, etc.
 City & State

Zip Country Zip Country

4. FEI Number: 59-3673286
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RIB, MICHAEL
 2555 ENTERPRISE RD
 SUITE 4
 CLEARWATER FL 33763

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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: _____ DATE: _____
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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS; CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PSD Delete
 NAME: RIB, MICHAEL
 STREET ADDRESS: 2555 ENTERPRISE RD, STE 4
 CITY- ST- ZIP: CLEARWATER FL 33763

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY- ST- ZIP: _____

TITLE: TE Delete
 NAME: RIB, WENDY
 STREET ADDRESS: 2555 ENTERPRISE RD, STE 4
 CITY- ST- ZIP: CLEARWATER FL 33763

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY- ST- ZIP: _____

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY- ST- ZIP: _____

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY- ST- ZIP: _____

TITLE: _____ Delete
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 STREET ADDRESS: _____
 CITY- ST- ZIP: _____

TITLE: _____ Change Addition
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 CITY- ST- ZIP: _____

TITLE: _____ Delete
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TITLE: _____ Change Addition
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 STREET ADDRESS: _____
 CITY- ST- ZIP: _____

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY- ST- ZIP: _____

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 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 reports 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: Michael R. RIB
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/11/05 Daytime Phone #: (727) 726-9488