


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000083457
1. Entity Name
HOMETOWN REAL ESTATE INVESTMENT TRUST CORPORATION



Principal Place of Business
2810 S FEDERAL HWY
FT PIERCE, FL 34982

Mailing Address
2810 S FEDERAL HWY
FT PIERCE, FL 34982



01252006 No Chg-P CR2E034 (11/05)

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| | |
|---|---------------------------------------|
| 4. FEI Number 03-0479376 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

POLACKWICH, ALAN S SR.,ESQ
4100 20TH STREET
VERO BEACH, FL 32960

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SMITH, VERNON D 2810 S FEDERAL HWY FORT PIERCE, FL 34982 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BROWN, TIM 2810 S FEDERAL HWY FORT PIERCE, FL 34982 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ROBBINS, CINDY 2810 S FEDERAL HWY FORT PIERCE, FL 34982 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT LONG, LEAELEANOR 2810 S FEDERAL HWY FORT PIERCE, FL 34982 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS WILLIS, MARY 2810 S FEDERAL HWY FORT PIERCE, FL 34982 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS ISAAC, ILAIN 2810 S FEDERAL HWY FORT PIERCE, FL 34982 |

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03/13/06-80002-017 150.00

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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: Leaeleanor Long **2/24/06** **772 466 1200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #