4/25/2005-90247-019-$150.00-$150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 JUN 10 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200049404

DOCUMENT # P04000105515

1. Entity Name
HOMELIFE, INC.

Principal Place of Business	Mailing Address
825 15TH STREET BUILDING #2 LAKE PARK, FL 33403	825 15TH STREET BUILDING #2 LAKE PARK, FL 33403

04092005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	808 Needles Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Palm Beach Garden, FL
Zip / Country	Zip: 33418 / Country: USA

4. FEI Number: 20-1385130 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name: Michael J. Schrimsher
Street Address (P.O. Box Number is Not Acceptable): 808 Needles Dr.
City: Palm Beach Garden FL Zip Code: 33418

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD SCHRIMSHER, MICHAEL J 825 15TH STREET BUILDING #2 LAKE PARK, FL 33403	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #