

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P04000127217**

1. Entity Name  
RCP HOME PROGRAM, INC.



Principal Place of Business 14361 COMMERCE WAY SUITE 306 MIAMI LAKES, FL 33016	Mailing Address 14361 COMMERCE WAY SUITE 306 MIAMI LAKES, FL 33016
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**DO NOT WRITE IN THIS SPACE**

FILED  
07 MAR 26 AM 10: 35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01252007 No Chg-P CR2E034 (11/05)

4. FEI Number 38-3708342	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

BAUMAN, BRYAN  
11820 N.W. 37TH STREET  
CORAL SPRINGS, FL 33065

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

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

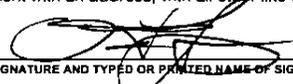
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO WALLACE, MILTON J 14361 COMMERCE WAY MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO LUGO, ORESTES 14361 COMMERCE WAY MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>for 3/30</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

300095883529  
04/05/07--01029--014 \*\*350.00

**DO NOT WRITE IN THIS SPACE**

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:**  **1/29/07** **305-512-0014**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #