


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90839 010 \*\*\*150.00

DOCUMENT # P05000121162			
1. Entity Name HOMEWISE MANAGEMENT COMPANY			
Principal Place of Business 7785 66TH STREET NORTH PINELLA PARK, FL 33781		Mailing Address P.O. BOX 2850 PINELLAS PARK, FL 33780	
2. Principal Place of Business - No P.O. Box # 18302 Highwoods Preserve Pky Suite, Apt. #, etc. STE. 110		3. Mailing Address 18302 Highwoods Preserve Pky. Suite, Apt. #, etc. STE 110	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33647		Zip 33647	
Country USA		Country USA	
4. FEI Number 20-3395152		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PLANTE, DENNIS F 7785 66TH STREET NORTH PINELLAS PARK, FL 33781		7. Name and Address of New Registered Agent Name DIANE E. FALCONE Street Address (P.O. Box Number is Not Acceptable) 18302 Highwoods Preserve Pky, Ste 110 City TAMPA FL Zip Code 33647	
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 <i>Diane E. Falcone</i> Signature, typed or printed name of registered agent and title if applicable.		DIANE E. FALCONE, Secretary (NOTE: Registered Agent signature required when reinstating) DATE 4/26/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D AKHTAR, JAMIEL 300 CRESCENT COURT SUITE 700 DALLAS, TX 75201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, TODD 300 CRESCENT COURT SUITE 700 DALLAS, TX 75201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE, WILLIAM 300 CRESCENT COURT SUITE 700 DALLAS, TX 75201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMOND, DALE 7785 66TH STREET NORTH PINELLAS PARK, FL 33781 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18302 Highwoods Preserve Pky, Ste 110 TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SEE ATTACHMENTS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Dennis Plante</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/26/07 813-202-8612 DATE Daytime Phone #	

# ATTACHMENT

40093117

2007 FOR PROFIT CORPORATION  
HOMEWISE MANAGEMENT COMPANY  
DOCUMENT # P05000121162

BLOCK 11 ATTACHMENT

## ADDITIONS:

TITLE	V
NAME	Sparkes, William I.
STREET ADDRESS	18302 Highwoods Preserve Pky., Ste. 110
CITY-ST-ZIP	Tampa, FL 33647
TITLE	T
NAME	Plante, Dennis F.
STREET ADDRESS	18302 Highwoods Preserve Pky., Ste. 110
CITY-ST-ZIP	Tampa, FL 33647
TITLE	S
NAME	Falcone, Diane E.
STREET ADDRESS	18302 Highwoods Preserve Pky., Ste. 110
CITY-ST-ZIP	Tampa, FL 33647