


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90379 036 ***150.00

DOCUMENT # P98000005896 1. Entity Name HOMES IN USA, INC.	
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Principal Place of Business 9878 SAVONE WINDS DR. DELRAY BEACH, FL 33446	Mailing Address 9878 SAVONE WINDS DR. DELRAY BEACH, FL 33446
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40074689



DO NOT WRITE IN THIS SPACE

04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0851090	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

ALEXANDER, JACK
9878 SAVONE WINDS DR.
DELRAY BEACH, FL 33446

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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

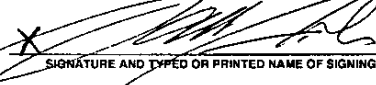
FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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	P ALEXANDER, JACK 9878 SAVONE WINDS DR. DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALEXANDER, RUTH ANNE 9878 SAVONA WINDS DR. DELRAY BEACH, FL 33446
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-06
Date Daytime Phone #