


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 591525
 1. Entity Name
 HOMESURE OF AMERICA, INC.



Principal Place of Business _____ Mailing Address _____
 1625 NW 136TH AVE P O BOX 551540
 STE 200 FT LAUDERDALE, FL 33355--154 US
 FORT LAUDERDALE, FL 33323 US

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1855827	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
 JUDGES, ROBERT
 1625 NW 136TH AVE, STE 200
 FORT LAUDERDALE, FL 33323

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DV WOLK, HOWARD L 1625 NW 136TH AVE STE 200 FT LAUDERDALE, FL 33323
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S JUDGES, ROBERT W 1625 NW 136TH AVE, STE 200 FORT LAUDERDALE, FL 33323
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P FINN, SANDRA C 1625 NW 136TH AVE., STE 200 FORT LAUDERDALE, FL 33323
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V COKE, L. ASHLEY 1625 NW 136TH AVE., STE 200 FORT LAUDERDALE, FL 33323
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WOLK, SIDNEY D 1625 NW 136TH AVE, STE 200 FORT LAUDERDALE, FL 33323
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WOLK, JEFFREY C 1625 NW 136TH AVE, STE 200 FORT LAUDERDALE, FL 33323

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 01/11/05-80061-003 150.00

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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: *Robert W. Judges* Robert W. Judges Secretary/Treasurer 1/5/05 954-845-2474
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #