

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2007 8:00 am
Secretary of State

05-03-2007 90068 038 ****61.25

DOCUMENT # 763541 1. Entity Name ATTENTION HOME, INC.																																																																																																		
Principal Place of Business 2995 UNION ST. CLEARWATER, FL 33759			Mailing Address P.O. BOX 945 SAFETY HARBOR, FL 34695																																																																																															
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																
City & State		City & State		4. FEI Number 59-2379778																																																																																														
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																														
6. Name and Address of Current Registered Agent CIULLA, DIANE F P.O. BOX 945 SAFETY HARBOR, FL 34695				7. Name and Address of Now Registered Agent Name <u>DIANE CIULLA</u> Street Address (P.O. Box Number is Not Acceptable) <u>2995 UNION ST</u> City <u>CLEARWATER</u> <u>FL</u> Zip Code <u>33759</u>																																																																																														
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring) DATE</small>																																																																																																		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																														
Make check payable to Florida Department of State																																																																																																		
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">TITLE</th> <th style="width: 90%;">NAME</th> <th style="width: 10%; text-align: center;">Delete</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>DICICCO, FRANK J</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>540 S WOODLANDS DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OLDSMAR, FL</td> <td></td> </tr> <tr> <td>DV</td> <td>CIULLA, SANTO R</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 945</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SAFETY HARBOR, FL 34695</td> <td></td> </tr> <tr> <td>T</td> <td>SALEMME, JEFF</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1809 HAMPTON LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SAFETY HARBOR, FL 34695</td> <td></td> </tr> <tr> <td>S</td> <td>CALDARELLI, SHERRY A</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 945</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SAFETY HARBOR, FL 34695</td> <td></td> </tr> <tr> <td>DV</td> <td>CIULLA, DIANE</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 945</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SAFETY HARBOR, FL 34695</td> <td></td> </tr> <tr> <td>SD</td> <td>CIULLA, ERIN</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 945</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SAFETY HARBOR, FL 34695</td> <td></td> </tr> </tbody> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">TITLE</th> <th style="width: 90%;">NAME</th> <th style="width: 10%; text-align: center;">Change</th> <th style="width: 10%; text-align: center;">Addition</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td><u>T. Joe CALDARELLI</u></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td><u>P.O. Box 945</u></td> <td></td> <td></td> </tr> <tr> <td></td> <td><u>SAFETY HARBOR, FL 34695</u></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> </div> </div>						TITLE	NAME	Delete	P	DICICCO, FRANK J	<input type="checkbox"/>	STREET ADDRESS	540 S WOODLANDS DR		CITY-ST-ZIP	OLDSMAR, FL		DV	CIULLA, SANTO R	<input type="checkbox"/>	STREET ADDRESS	P.O. BOX 945		CITY-ST-ZIP	SAFETY HARBOR, FL 34695		T	SALEMME, JEFF	<input type="checkbox"/>	STREET ADDRESS	1809 HAMPTON LANE		CITY-ST-ZIP	SAFETY HARBOR, FL 34695		S	CALDARELLI, SHERRY A	<input type="checkbox"/>	STREET ADDRESS	P.O. BOX 945		CITY-ST-ZIP	SAFETY HARBOR, FL 34695		DV	CIULLA, DIANE	<input type="checkbox"/>	STREET ADDRESS	P.O. BOX 945		CITY-ST-ZIP	SAFETY HARBOR, FL 34695		SD	CIULLA, ERIN	<input type="checkbox"/>	STREET ADDRESS	P.O. BOX 945		CITY-ST-ZIP	SAFETY HARBOR, FL 34695		TITLE	NAME	Change	Addition			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		<u>T. Joe CALDARELLI</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<u>P.O. Box 945</u>				<u>SAFETY HARBOR, FL 34695</u>					<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
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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 617, 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: <u>Santo Ciulla VP</u> <u>4/30/07</u> <u>727 796 4012</u> <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																		

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