


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000005494 1. Entity Name THE HOME CONSULTANT, LTD, CORP.	
--	---

Principal Place of Business 2400 E. LAS OLAS BLVD., #156 FT LAUDERDALE, FL 33301	Mailing Address 2400 E. LAS OLAS BLVD., #156 FT LAUDERDALE, FL 33301
--	--

DO NOT WRITE IN THIS SPACE



05202004 No Chg-P CR2E034 (10/03)

4. FEI Number 22-3543665	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

**PEPE, FRANK J
2400 E. LAS OLAS BLVD., #156
FT LAUDERDALE, FL 33301**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PEPE, FRANK J 2400 E LAS OLAS BLVD., #156 FT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000162814
06/23/04-80002-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 no other like empowered.

SIGNATURE:  **621-04 954 5644143**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #