2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004
Secretary of State

DOCUMENT# F02000000490

Entity Name: HOMES FOR AMERICA HOLDINGS, INC.

Current Principal Place of Business:

ONE ODELL PLAZA
YONKERS, NY 10701

New Principal Place of Business:

Current Mailing Address:

ONE ODELL PLAZA
YONKERS, NY 10701

New Mailing Address:

FEI Number: 88-0355448 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOHN, ROBERT M
C/O COUNTRY LAKES LEASING OFFICE
6010 SHERWOOD GLEN WAY
WEST PALM BEACH, FL 33415 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CP	( ) Delete
Name:	MACFARLANE, ROBERT A	
Address:	ONE ODELL PLAZA	
City-St-Zip:	YONKERS, NY 10701	
Title:	DV	( ) Delete
Name:	KOHN, ROBERT M	
Address:	6010 SHERWOOD GLEN WAY	
City-St-Zip:	WEST PALM BEACH, FL 33415	
Title:	DST	( ) Delete
Name:	CHOWDHURY, R. KARIM	
Address:	ONE ODELL PLAZA	
City-St-Zip:	YONKERS, NY 10701	
Title:	D	( ) Delete
Name:	HEFFRON, JOEL S	
Address:	8929 WILSHORE BOULEVARD, STE. 214	
City-St-Zip:	BEVERLY HILLS, CA 90211	
Title:	D	( ) Delete
Name:	HAYES, DANIEL G ESQ	
Address:	9324 WEST STREET, SUITE 101	
City-St-Zip:	MANASSAS, VA 201105198	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARIM CHOWDHURY DST 08/23/2004

Electronic Signature of Signing Officer or Director — Date