2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000490

Entity Name: HOMES FOR AMERICA HOLDINGS, INC.

FILED Aug 09, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
ONE ODE					
YONKERS	S, NY 10701				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
ONE ODE YONKERS	LL PLAZA 6, NY 10701				
FEI Number	: 88-0355448	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:	
6010 SHE	NTRY LAKES RWOOD GLE	LEASING OFFICE EN WAY FL 33415 US			
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	onic Signature of Registered Age	ent	Date	
In accordan	ce with s. 607.1	93(2)(b), F.S., the corporation did no	ot receive the prior notice.		
		ng Trust Fund Contribution ().	ADDITIONS (OLIANO	EC TO OFFICERS AND DIRECTORS.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:) Delete	Title:	() Change () Addition	
Name: Address:	MACFARLANI ONE ODELL I		Name: Address:		
City-St-Zip:	YONKERS, N		City-St-Zip:		
Title:	DV () Delete	Title:	() Change () Addition	
Name:	KOHN, ROBE	RTM	Name:		
Address:		OOD GLEN WAY	Address:		
City-St-Zip:	WEST PALM	BEACH, FL 33415	City-St-Zip:		
Title:	DST () Delete	Title:	() Change () Addition	
Name:	CHOMDHUR	Y, R. KARIM	Name:		
Address:	ONE ODELL I	PLAZA	Address:		
City-St-Zip:	YONKERS, N	Y 10701	City-St-Zip:		
Title:) Delete	Title:	() Change () Addition	
Name:	HEFFRON, JO		Name:		
Address: City-St-Zip:		DRE BOULEVARD, STE. 214 LLS, CA 90211	Address: City-St-Zip:		
Title:	D () Delete	Title:	() Change () Addition	
Name:	HAYES, DANI		Name:	() Change () Addition	
Address:		STREET, SUITE 101	Address:		
City-St-Zip:		/A 201105198	City-St-Zip:		
	,		,		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 08/09/2006