

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000005971**

1. Entity Name  
**WE WANT TO BUY YOUR HOUSE INC.**



Principal Place of Business  
**P.O. BOX 2624  
PALMER, AK 99645**

Mailing Address  
**160 W CAMINO REAL #272  
BOCA RATON, FL 33432**



04252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**92-0177155**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ROMERO-CUESTA, MARIA  
160 W CAMINO REAL #272  
BOCA RATON, FL 33432**

**DO NOT WRITE  
IN THIS SPACE**

I, 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DPS
NAME	CLEMENTS, LLOYD W
STREET ADDRESS	160 W CAMINO REAL #272
CITY-ST-ZIP	BOCA RATON, FL 33432

TITLE	DVPT
NAME	ROMERO-CUESTA, MARIA
STREET ADDRESS	160 W CAMINO REAL #272
CITY-ST-ZIP	BOCA RATON, FL 33432

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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05/16/06-80060-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 807, 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:** *Maria Romero-Cuesta* **MARIA ROMERO-CUESTA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/06**  
Date

**800-391-9110**  
Daytime Phone #