

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005908

Entity Name: HOTELS AT HOME, INC.

FILED  
Jul 02, 2009  
Secretary of State

## Current Principal Place of Business:

7624 SUSSEX CT.  
NAPLES, FL 34113

## New Principal Place of Business:

## Current Mailing Address:

4915 RATTLESNAKE HAMMOCK RD.  
NAPLES, FL 34113

## New Mailing Address:

FEI Number: 22-3738147

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DANIEL W. NALL, CPA  
300 SEVILLA, STE. 215  
CORAL GABLES, FL 33134 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: WARE, MICHAEL  
Address: 9801 COLLINS AVE, #P4  
City-St-Zip: BAL HARBOUR, FL 33154

Title: VCVP ( ) Delete  
Name: WARE, ROBIN  
Address: 9801 COLLINS AVE., #P4  
City-St-Zip: BAL HARBOUR, FL 33154

Title: DT ( ) Delete  
Name: ROMAN, RAYMOND J.  
Address: 7624 SUSSEX CT.  
City-St-Zip: NAPLES, FL 34113

Title: S ( ) Delete  
Name: WARE, ROBIN  
Address: 9801 COLLINS AVE., #P4  
City-St-Zip: BAL HARBOUR, FL 33154

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition  
Name: WARE, MICHAEL  
Address: 2 ARMITAGE LANE  
City-St-Zip: NORTH CALDWELL, NJ 07006

Title: VCVP (X) Change ( ) Addition  
Name: WARE, ROBIN  
Address: 2 ARMITAGE LANE  
City-St-Zip: NORTH CALDWELL, NJ 07006

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

Title: S (X) Change ( ) Addition  
Name: WARE, ROBIN  
Address: 2 ARMITAGE LANE  
City-St-Zip: NORTH CALDWELL, NJ 07006

I hereby certify that the information supplied with this filing does not qualify 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: RAYMOND ROMANO

DT

07/02/2009

Electronic Signature of Signing Officer or Director

Date