## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F29264

FILED Apr 02, 2006 Secretary of State

Entity Nan	ne: HOMEO\	WNERS FINANCIAL RESOUR	RCES, INC.			
Current Pr	rincipal Place	of Business:	New Prin	New Principal Place of Business:		
SUITE 347	160TH AVE FL 33326190	2				
Current Ma	ailing Addres	ss:	New Mail	New Mailing Address:		
SUITE 347	160TH AVE FL 33326190	2				
FEI Number:	59-2085178	FEI Number Applied For ( )	FEI Number Not App	olicable ( )	Certificate of Status De	esired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
2745 WES FORT LAU	ICAN EXPRE T CYPRESS (IDERDALE, For IDERDALE, For Inamed entity of Florida.	SS TAX & BUS. SERV. INC. CREEK RD. L 333091757 US submits this statement for the	purpose of changing	its registered	office or registered age	ent, or both,
		nic Signature of Registered Ag	gent	Date		
Election Can	npaign Financin	g Trust Fund Contribution ( ).				
OFFICERS	AND DIREC	TORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title:	ARONSON, RC 1304 S.W. 160 SUNRISE, FL	TH AVE SUITE 347	Title: Name: Address: City-St-Zip: Title:	ARONSON, IF 1304 S.W. 16 SUNRISE, FL	60TH AVE SUITE 347	
Name: Address: City-St-Zip:	ARONSON, IRA	A J TH AVE SUITE 347	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 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: IRA J. ARONSON P 04/02/2006