

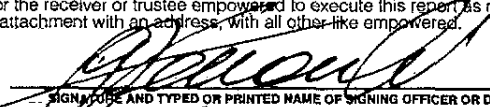


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # F82377 1. Entity Name HODUSA CORPORATION		
Principal Place of Business <input type="checkbox"/> 28870 US HIGHWAY 19 NORTH SUITE 300 CLEARWATER, FL 33761 US	Mailing Address 2451 MCMULLEN BOOTH ROAD STE 312 CLEARWATER, FL 33759 US	
DO NOT WRITE IN THIS SPACE		
 02152005 No Chg-P CR2E034 (10/03)		
4. FEI Number 59-2207584		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ANDROS CORPORATION 2451 MCMULLEN BOOTH STE 312 CLEARWATER, FL 33759		
DO NOT WRITE IN THIS SPACE		
8. 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 re-instating) <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARANTATOS, G.N. 28870 US 19 N. #300 CLEARWATER, FL	U00000360792 05/05/05-80046-010 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST APONTE, CARLOS 28870 US 19 NO. 300 CLEARWATER, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VASILIOU, GEORGE 2451 MCMULLEN SOUTH, STE. 200 CLEARWATER, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		Date: April 14, 2005 (727) 7996111 Daytime Phone #