



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90234 041 ***158.75

DOCUMENT # G65837 1. Entity Name HOMES U.S.A., INC.					
Principal Place of Business 299 NW 12 STREET BOCA RATON, FL 33432 US				Mailing Address 299 NW 12 STREET BOCA RATON, FL 33432 US	
2. Principal Place of Business 1500 UNIVERSITY DR Suite, Apt. #, etc. 201-G City & State CORAL SPRINGS FL Zip 33071 Country BROWARD		3. Mailing Address 1500 UNIVERSITY DR Suite, Apt. #, etc. 201-G City & State CORAL SPRINGS FL Zip 33071 Country BROWARD			
4. FEI Number 59-2334721				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				04202004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent TUTTLE, BRUCE C. 299 NW 12TH ST BOCA RATON, FL 33432			7. Name and Address of New Registered Agent Name PAUL R. HARRIS Street Address (P.O. Box Number is Not Acceptable) 4113 NW 75TH AVE City CORAL SPRINGS FL Zip Code 33065		
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 <u><i>Paul R. Harris</i></u> DATE <u>4-20-2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TUTTLE, BRUCE C. 299 NW 12TH ST BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HARRIS PAUL R. 4113 NW 75TH AVE CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Paul R. Harris</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-20-2004</u> Daytime Phone # <u>754-368-2128</u>		