## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K87695

FILED Jan 11, 2006 Secretary of State

Entity Name: HOMESITES MARKETING, INC.

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
14455 HW LOT #15 OKLAWAH	Y 25 HA, FL 32179	US			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
P.O. BOX CANDLER		US			
FEI Number	: 59-2954949	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Addres	ss of New Registered Agent:	
14455 E. H	.ER, DAVID HWY 25 LOT 15 HA, FL 32179	US			
The above	named entity s	ubmits this statement for the p	urpose of changing its regist	ered office or registered agent, or both,	
	e of Florida.				
in the State	RE:	c Signature of Registered Age	nt	Date	
in the State	RE:Electroni	c Signature of Registered Age	nt	Date	
in the State SIGNATUI	RE:Electroni	Trust Fund Contribution ( ).		Date  NGES TO OFFICERS AND DIRECTORS	
in the State SIGNATUI	RE: Electroni mpaign Financing S AND DIRECT	Trust Fund Contribution ( ).  CORS:  Delete AVID, 5, LOT 15			
in the State SIGNATUI Election Car OFFICER: Title: Name: Address:	Electroni mpaign Financing S AND DIRECT PT () OXHANDLER, D. 14455 E HWY 2: OKLAWAHA, FL	Trust Fund Contribution ( ).  ORS:  Delete AVID, 5, LOT 15  Delete ARY,	ADDITIONS/CHAI  Title: Name: Address:	NGES TO OFFICERS AND DIRECTORS	
n the State SIGNATUI Election Car OFFICER Title: Name: Address: City-St-Zip: Fitle: Name: Address:	Electroni mpaign Financing S AND DIRECT PT () OXHANDLER, D. 14455 E HWY 2: OKLAWAHA, FL  V () OXHANDLER, G. 14455 E HWY 2: OKLAWAHA, FL	Trust Fund Contribution ( ).  FORS:  Delete AVID, 5, LOT 15  Delete ARY, 5, LOT 15  Delete RY, 5, LOT 15	ADDITIONS/CHAI  Title: Name: Address: City-St-Zip:  Title: Name: Address:	NGES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition	

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.

		/ID OXHANDLER	Р	01/11/2006
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