


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000006255</b>		
1. Entity Name <b> HOMECOMING ADOPTIONS, INC.</b>		
Principal Place of Business <b>200 EAST ROBINSON STREET SUITE 1150 ORLANDO, FL 32801</b>	Mailing Address <b>200 EAST ROBINSON STREET SUITE 1150 ORLANDO, FL 32801</b>	



01142008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>16-1663324</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>RIGDON, KENDALL B 200 EAST ROBINSON STREET SUITE 1150 ORLANDO, FL 32801</b>
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**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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

000000858230  
04/01/08-80037-005 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIGDON, KENDALL B 200 EAST ROBINSON STREET, SUITE 1150 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALEXANDER, KURT E 200 EAST ROBINSON STREET, SUITE 1150 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIGDON, VALERIE 200 E. ROBINSON ST., SUITE 1150 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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:**  **Kurt Alexander - Vice President** 3/12/08 407 420 1900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #