



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N02000008410 1. Entity Name HOME GIFT USA CHARITIES, INC.	
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Principal Place of Business 801 N MAGNOLIA STE 305 ORLANDO, FL 32803	Mailing Address 801 N MAGNOLIA STE 305 ORLANDO, FL 32803
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**DO NOT WRITE IN THIS SPACE**

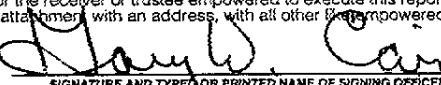
	
02242004 No Chg-NP	CR2E037 (10/03)
4. FEI Number 06-1655711	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CAIN, GARY W 801 N MAGNOLIA STE 305 ORLANDO, FL 32803	<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000085105 03/11/04-80034-015 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CANIN, MYRNA 500 DELANEY AVE STE 404 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCDOWELL, BRIAN 200 S ORANGE AVE STE 2600 ORLANDO, FL 32802
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUOFF, STEVEN 2200 LUCIEN WAY STE 350 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HATCHER, MARION F III 720 RUGBY ST ORLANDO, FL 328540689
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EISERMAN, LES 1400 W FAIRBANKS AVE STE 102 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CAIN, GARY W 801 N. MAGNOLIA AVE., STE 305 ORLANDO, FL 32803

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 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 persons empowered.	<b>DO NOT WRITE IN THIS SPACE</b>
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

2/24/04 407841-6851  
Date Daytime Phone #