

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90075 009 \*\*\*\*61.25

DOCUMENT # N02000008410 1. Entity Name HOME GIFT USA CHARITIES, INC.	
--	---

Principal Place of Business 801 N MAGNOLIA STE 305 ORLANDO, FL 32803	Mailing Address 801 N MAGNOLIA STE 305 ORLANDO, FL 32803
--	--

50008792



01242005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**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 obligation of registered agent.

SIGNATURE: *Gary W. Cain* DATE: 1/24/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee Is \$61.25**  
**Due by May 1, 2005**

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

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

**DO NOT WRITE IN THIS SPACE**

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 like empowers.

SIGNATURE: *Gary W. Cain* Date: 1/24/05 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR