

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N92000000930**

1. Entity Name  
**HOME SWEET HOME FOUNDATION, INC.**



Principal Place of Business  
**5120 S.W. 22ND ST.  
HOLLYWOOD, FL 33023**

Mailing Address  
**5120 S.W. 22ND ST.  
HOLLYWOOD, FL 33023**

**DO NOT WRITE IN THIS SPACE**



02232006 No Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0391285**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KREILING, EDWARD P  
6151 MIRAMAR PARKWAY  
STE. 101  
MIRAMAR, FL 33023**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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	CT ROBERTS, JR. H 5120 SW 22 STREET HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS, ALFREDO 1428 SUSAN LANE CARROLLTON, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBERTS, MERCEDES 5120 SW 22ND STREET HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, ALEXANDER 810 NW 179TH TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLARK, I. S REV. 4411 SW 21ST STREET HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000465177  
03/22/06-80023-013 61.25

**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:** *Howard Roberts* **Howard Roberts 3-6-06 954 987-2293**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone