


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 14, 2006 8:00 am
Secretary of State

08-14-2006 90040 031 ****61.25

DOCUMENT # N96000000433	
1. Entity Name HOMESTEAD MAIN STREET, INC.	

Principal Place of Business 41 NORTH KROME AVE. HOMESTEAD FL 33030 US	Mailing Address 41 NORTH KROME AVE. HOMESTEAD FL 33030 US
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2. Principal Place of Business 41 N. KROME Suite, Apt. #, etc. N/A	3. Mailing Address SAME Suite, Apt. #, etc. N/A
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City & State	City & State	4. FEI Number 65-0649988	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent YVONNE C. KNOWLES SHIVER, ROY S JR 41 NORTH KROME AVE. HOMESTEAD FL 33030		7. Name and Address of New Registered Agent Name YVONNE C. KNOWLES Street Address (P.O. Box Number is Not Acceptable) 41 N. KROME AVE City HOMESTEAD FL 33030	
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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 Yvonne C. Knowles <small>Signature, typed or printed name of registered agent and title if applicable.</small>	Yvonne C. Knowles 8-04-06 <small>(NOTE: Registered Agent signature required when reappointing) DATE</small>

FILE NOW: FEE IS \$61.25 Due By September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHIVER, ROY S JR 41 N. KROME AVENUE HOMESTEAD FL 33030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HELMS, JENNIFER 47 N. KROME AVE. HOMESTEAD FL 33030 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KNOWLES, YVONNE 1697 N. GOLDENEYE LANE HOMESTEAD FL 33035 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: Yvonne C. Knowles <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	8-04-06 305242-4814 <small>DATE DAYTIME PHONE #</small>
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