


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90188 001 ***122.50

DOCUMENT # N96000006513			
1. Entity Name SWEET HOME COMMUNITY BUILDERS, INC.			
Principal Place of Business 17201 S.W. 103RD AVENUE MIAMI FL 33157		Mailing Address 17201 S.W. 103RD AVENUE MIAMI FL 33157	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

66401685



MOORE CR2E037 (11/03)

4. FEI Number 65-0858670	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOWARD, BARBARA A 9456 S.W. 164TH COURT MIAMI FL 33196		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
		FL	

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 _____

FILE NOW: 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	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 RICHARDSON, WALTER T	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7993 S.W. 187TH STREET		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33157		CITY-ST-ZIP	
TITLE NAME HOWARD, BARBARA	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9456 S.W. 164TH COURT		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33196		CITY-ST-ZIP	
TITLE NAME KNOX, GEORGE	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3863 S.W. DOUGLAS ROAD		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33133		CITY-ST-ZIP	
TITLE NAME MITCHELL, INEZ	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 17924 N.W. 10TH STREET		STREET ADDRESS	
CITY-ST-ZIP HOLLYWOOD FL 33029		CITY-ST-ZIP	
TITLE NAME HOWARD, SAM	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 19755 S.W. 135TH AVENUE		STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33177		CITY-ST-ZIP	
TITLE NAME DAVIS, CINDY R	<input checked="" type="checkbox"/> Delete	TITLE NAME Adrienne L. Wright	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1 FINANCIAL PLAZA 100 SE 3RD AVE, STE 1200		STREET ADDRESS P.O. Box 770993	
CITY-ST-ZIP FT LAUDERDALE FL 33394		CITY-ST-ZIP Miami, FL 33177	

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 empowered.

SIGNATURE:  **WALTER T. RICHARDSON** 1-30-2004 (305) 251-5757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #