

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000141

FILED  
Apr 12, 2007  
Secretary of State

Entity Name: HOMES FOR ALL, INC.

**Current Principal Place of Business:**

13180 N CLEVELAND AVE., STE 136  
N. FORT MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

13180 N CLEVELAND AVE., STE 136  
N. FORT MYERS, FL 33903

**New Mailing Address:**

FEI Number: 65-0719616

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHELLMAN, ROBERT F  
13180 N CLEVELAND AVE., STE 136  
N. FORT MYERS, FL 33903 US

**Name and Address of New Registered Agent:**

FRENCH, JOHN E  
13180 N CLEVELAND AVE., STE 136  
N. FORT MYERS, FL 33903 US

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.

SIGNATURE: JOHN E. FRENCH

04/12/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P/C (X) Delete  
Name: SHELLMAN, ROBERT F  
Address: 13180 N CLEVELAND AVE., STE 136  
City-St-Zip: N. FORT MYERS, FL 33903

Title: D/S ( ) Delete  
Name: CAMENTZ, AL  
Address: 530 LAVERS CIRCLE #257  
City-St-Zip: DELRAY BEACH, FL 33444

Title: D/T ( ) Delete  
Name: HANSEN, TRACY R  
Address: 17870 LEETANA RD  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D ( ) Delete  
Name: PETERS, CHERIE  
Address: 4289 A ISLAND CIRCLE  
City-St-Zip: FORT MYERS, FL 33919

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D/S (X) Change ( ) Addition  
Name: CAMENTZ, AL E  
Address: 530 LAVERS CIRCLE #257  
City-St-Zip: DELRAY BEACH, FL 33444

Title: D/T (X) Change ( ) Addition  
Name: HANSEN, TRACY R  
Address: 17530 NALLE ROAD  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D (X) Change ( ) Addition  
Name: FRENCH, CHERIE M  
Address: 1505 JEFFERSON AVE  
City-St-Zip: FORT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACY R. HANSEN

DT

04/12/2007

Electronic Signature of Signing Officer or Director

Date