

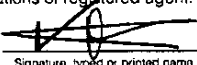



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90430 022 ***150.00

DOCUMENT # P00000084063					
1. Entity Name SIMPSON'S HOME, INC.					
Principal Place of Business 4539 N.E 60TH COURT COCONUT CREEK, FL 33073			Mailing Address 4539 N.E 60TH COURT COCONUT CREEK, FL 33073		
2. Principal Place of Business 4539 N.W. 60th Ct.		3. Mailing Address 4539 NW 60th Ct.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04292005 Chg-P CR2E034 (10/03)	
City & State COCONUT CREEK, FL		City & State COCONUT CREEK, FL		4. FEI Number 65-1040553	
Zip 33073		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LASS ACCOUNTING & BUSINESS SERVICES 8428 W OAKLAND PRK BLVD SUNRISE, FL 33351				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  04-29-05		(NOTE: Registered Agent signature required when reinstating)			
Signature, typed or printed name of registered agent and title if applicable.		DATE 04-29-05			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME SIMPSON, PAUL <input type="checkbox"/> Delete		TITLE 	NAME 4539 NW 60th COURT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4539 N.E 60TH COURT	CITY-ST-ZIP COCONUT CREEK, FL 33073		STREET ADDRESS 	CITY-ST-ZIP COCONUT CREEK, FL 33073	
TITLE 	NAME <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME <input type="checkbox"/> Delete		TITLE 	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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 607, 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:  04-29-05		Date 954-804-0829			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			