

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90301 007 \*\*\*150.00

<b>DOCUMENT # P00000092816</b> 1. Entity Name <b>WELCOME HOME REALTY OF ST. CLOUD, INC.</b>			
Principal Place of Business <b>1122 PENNSYLVANIA AVENUE ST. CLOUD, FL 34769</b>		Mailing Address <b>1122 PENNSYLVANIA AVE. SAINT CLOUD, FL 34769</b>	
2. Principal Place of Business <b>3107 13th Street</b>		3. Mailing Address <b>3107 13th Street</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>St. Cloud, FL</b>		City & State <b>St. Cloud, FL</b>	
Zip <b>34769</b>		Zip <b>34769</b>	
Country <b>Osceola</b>		Country <b>Osceola</b>	
4. FEI Number <b>59-3673846</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MALASPINA, DONNA 1991 WILLOW WOOD DR KISSIMMEE, FL 34746</b>		7. Name and Address of New Registered Agent Name <b>Donna Browning</b> Street Address (P.O. Box Number is Not Acceptable) <b>3454 Packard Avenue</b> City <b>St. Cloud</b> <b>FL</b> Zip Code <b>34772</b>	
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 <b>Donna Browning, President</b> <b>4/13/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALASPINA, DONNA 1122 PENNSYLVANIA AVE SAINT CLOUD, FL 34769	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Donna Browning 3107 13th Street St. Cloud, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MALASPINA, DONNA 1122 PENNSYLVANIA AVE SAINT CLOUD, FL 34769	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Donna Browning 3107 13th Street St. Cloud, FL 34769
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME 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: <b>Donna Browning</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>President</b> <b>4/13/05</b> <b>4077090379</b> <small>Date Daytime Phone #</small>	