



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000020896 1. Entity Name SOLUTION HOME BUYER'S, INC.	
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Principal Place of Business 3035 W GLEN ST LECANTO, FL 34461	Mailing Address P O BOX 489 HOMOSASSA, FL 34487
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DO NOT WRITE IN THIS SPACE

	
01042007	No Chg-P CR2E034 (11/05)
4. FEI Number 59-3700177	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLEY, OLIVER H 3035 W GLEN ST LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PHELPS, JOHN T 3035 W GLEN ST LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KELLEY, RUTH R 3035 W GLEN ST LECANTO, FL 34461
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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: <i>Ruth R. Kelley</i> RUTH R. KELLEY (S.T.)	2-2-07 (352) 628-3450
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>