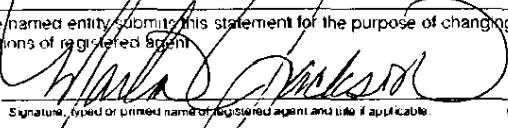
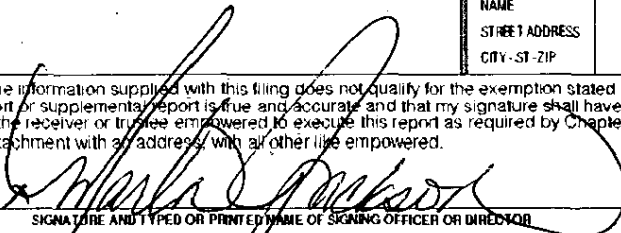


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am ✓
Secretary of State

05-05-2003 90350 042 ***150.00

DOCUMENT # P01000041199			
1. Entity Name HOME EXPRESSIONS, INC.			
Principal Place of Business 1800 WEST 49TH ST #332 HIALEAH, FL 33012		Mailing Address 1800 WEST 49TH ST #332 HIALEAH, FL 33012	
2. Principal Place of Business 1800 WEST 49TH ST #332 HIALEAH, FL 33012		3. Mailing Address 19978 PRESIDENTS CUP TEAM ASHBURN, VA 20147	
City & State Hialeah, Florida		City & State ASHBURN - VA	
Zip 33012		Zip 20147	
Country USA		Country USA	
4. FEI Number 65-1105597		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JACKSON, MARLA SUE 1800 WEST 49TH ST #332 HIALEAH, FL 33012		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  DATE 4/27/03 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, MARLA SUE 21411 DEEPWOODS TERR #401 ASHBURN, VA 20148	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 19978 PRESIDENTS CUP TEAM ASHBURN - VA 20147
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		Date 4/14/03 (703) 858-4906 Daytime Phone #	

CR2E034 (10/02)