



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90224 045 ***150.00

DOCUMENT # P01000055034 1. Entity Name HOMEVIEW REALTY, INC.																									
Principal Place of Business 9050 PINES BLVD STE 370 PEMBROKE PINES, FL 33024				Mailing Address 6299 W. SUNRISE BLVD., SUITE 210 SUNRISE, FL 33313																					
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 9050 PINES BVD 370 PEMBROKE PINES FL Zip Country 33024 USA		50052260 																					
4. FEI Number 65-1106856				Applied For Not Applicable																					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				05102005 Chg-P CR2E034 (10/03)																					
6. Name and Address of Current Registered Agent GRANT, LEIGHTON 9050 PINES BLVD SET 370 PEBROKE PINES, FL 33024				7. Name and Address of New Registered Agent Name SAME AS #6 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 <u>Leighton Grant</u> <u>LEIGHTON GRANT / PRESIDENT</u> <u>5/10/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing); DATE</small>																									
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																							
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:10%;">CITY - ST - ZIP</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>P GRANT, LEIGHTON</td> <td>6299 W. SUNRISE BLVD., SUITE 210</td> <td>SUNRISE, FL 33313</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete		P GRANT, LEIGHTON	6299 W. SUNRISE BLVD., SUITE 210	SUNRISE, FL 33313		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:30%;">STREET ADDRESS</td> <td style="width:10%;">CITY - ST - ZIP</td> <td style="width:10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td>9050 PINES BVD. SUITE 370</td> <td>PEMBROKE PINES FL 33024</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			9050 PINES BVD. SUITE 370	PEMBROKE PINES FL 33024	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Leighton Grant</u> <u>LEIGHTON GRANT</u> <u>5/10/05</u> <u>954-540 4223</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																									