


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90187 012 ***150.00

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DOCUMENT # P01000084365 1. Entity Name THE HOME INVESTORS GROUP, INC.					
Principal Place of Business 14802 N DALE MABRY #330 TAMPA, FL 33618			Mailing Address PO BOX 271992 TAMPA, FL 33688		
2. Principal Place of Business - No P.O. Box # 5706 TPC Blvd.		3. Mailing Address Suite, Apt. #, etc.			
City & State Lutz, Florida		City & State Suite, Apt. #, etc.			
Zip 33558		Country USA		4. FEI Number 59-3740389	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KHOURI, RYAN A 14802 N DALE MABRY STE 330 TAMPA, FL 33618			7. Name and Address of New Registered Agent Name Khour, Ryan A. Street Address (P.O. Box Number is Not Acceptable) 5706 TPC Blvd. City Lutz FL Zip Code 33558		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KHOURI, RYAN A 14802 N DALE MABRY, # 330 TAMPA, FL 33618		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Khour, Ryan A 5706 TPC Blvd. Lutz, FL 33558	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 a power like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1-12-07 Daytime Phone # 813-833-9738		