## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000088308

Entity Name: HOME SAVINGS PLAN, INC.

FILED Apr 08, 2006 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

711 N. PARSONS AVE 1913 BELL RANCH ST BRANDON, FL 33510 BRANDON, FL 33511

Current Mailing Address: New Mailing Address:

711 N. PARSONS AVE 1913 BELL RANCH ST BRANDON, FL 33510 BRANDON, FL 33511

FEI Number: 59-3747499 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GIONETTO, CHARLES

8815 CONROY WINDERE MERE RD

#105

ORLANDO, FL 32835 US

CUMMINGS, ALICIA G

1913 BELL RANCH ST

BRANDON, FL 33511 US

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.

SIGNATURE: ALICIA G CUMMINGS 04/08/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition Name: CUMMINGS, GLENN P Name:

Address: 1913 BELL RANCH STREET Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip:

Title: STD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 CUMMINGS, ALICIA G
 Name:

 Address:
 1913 BELL RANCH STREET
 Address:

 City-St-Zip:
 BRANDON, FL 33511
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICIA G CUMMINGS S 04/08/2006