FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) A MENDED

DOCUMENT # PO 10000907011					FILLU		
1. Entity Name Almost Home, Inc.					02 JUN 17 PM 2: 06		
THINGS THATSE, ITYC.					OCCUPATIVA OC STATE		
					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
DO NOT WRITE IN THIS SPACE							
Principal Place of Business 3. Mailing Address							
29290		<u> </u>					
Suite, Ap	Suite, Apt. #, etc. ✓	JAM-	İ	DO NOT WRITE IN THIS SPACE			
City & State CIECRWOLER FL City & State			3		4. FEI Number 59 - 37 576 99	Applied For	
Zip	Country	Zip	Country		40.71	Not Applicable Additional	
330	161 USA		<u> </u>		5. Certificate of Status Desired Fee Re 7. Name and Address of Current Registered Agent	quired	
	50 407 44		Name		15th Aquilino		
IN THIS SPACE				Street Address (P.O. Box Number is Not Acceptable)			
				29296 US HWG 19 NORTH			
			City /	71000	water FL Zip	Code.	
City Clearwo HR FL Zip Code, 337 18. 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.							
1/0,							
SIGNATURE KRISTEN ADULIND SECNETARY & TREASURER Waster Aguing U10/02 Signature, typed or priviled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when revisitating) DATE							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. January 1 - May After May 1, F				7- 6-F-6-66 46-F1-11-6-1-11-11-11-11-11-11-11-11-11-11-1			
(See crite	Amended Make Check Payab	UBR is \$61.25		Trust Fund Contribution	5.00 May Be dded to Fees		
11.	OFFICERS AND D		е то рерагелен	n or State	3		
TITLE NAME	President		TITLE NAME		2000060653	126	
STREET ADDRESS	FLADDRESS G223 SUMPHONIC COUR				-06/27/0201049004 [3		
CITY-ST-ZIP	HOUSTON, TX 17040				******6125 *	****61.25	
NAME	GRELLIARY & TLEASULE KRISKN AQUILINO	K	TITLE NAME		•		
STREET ADDRESS CITY-ST-ZIP	9489 FOREST HILLS CR. 1	J.	STREET ADDRESS City-St-Zip			(
TITLE	VICE PLESOENT		TITLE				
NAME HEGTHER AUDIER			NAME STREET ADDRESS				
CITY-ST-ZIP	STOP OIDSMAR FC 34677				DO NOT WRITE		
TITLE NAME	VICE PLESIDENT	TITLE		IN THIS SPACE			
STREET ADDRESS	FREDERIC SAMSON SSUD IOM AVE N		NAME STREET ADDRESS		W MIO STACE		
CITY-ST-ZIP	J. PEKESBURG FL 337	(0	CITY-ST-ZIP				
TITLE NAME			TITLE NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				
TITLE			CITY-ST-ZIP	<u>.</u>			
NAME STREET ADDRESS			KAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
13. I hereby of indicated	ertify that the information supplied with the	is filing does not qualify for the	he exemption state	ed in Section	on 119.07(3)(i), Florida Statutes. I further certify that th	ie 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 attachment with an address, with all other like empowered.							
SIGNATURE: 10/00 707-785-3114							
CIGIAN	UNE.	mxmo			<u>61000</u> 707-785	-3114	

6(10)00 707-785-3114 Dayline Phone #