



FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90033 047 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000118728						
1. Entity Name ALTERNATIVE HOMEMAKING WITH A HEART OF VENICE, INC.						
Principal Place of Business 327 OAKWOOD CIRCLE ENGLEWOOD, FL 34223	Mailing Address 327 OAKWOOD CIRCLE ENGLEWOOD, FL 34223					
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent ROBERTS, GREGORY C 341 VENICE AVENUE WEST VENICE, FL 34285		60026128  02242007 No Chg-P CR2E034 (11/05) <table border="1"><tr><td>4. FEI Number 01-0566650</td><td>Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 01-0566650	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 01-0566650	Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
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 reappointing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>						
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						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYD, JEFFREY L #48 WINDSOR DRIVE ENGLEWOOD, FL 34223	DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BOYD, CAROL A 327 OAKWOOD CIRCLE ENGLEWOOD, FL 34223					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOYD, JOHN L 327 OAKWOOD CIRCLE ENGLEWOOD, FL 34223					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 all other like empowered. SIGNATURE: <u>Carol A. Boyd</u> CAROL A. BOYD 3/1/07 / 941-488-2248 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						