


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90312 009 \*\*\*150.00

<b>DOCUMENT # P02000020223</b>	
1. Entity Name <b>ADASSA HOMES, INC.</b>	

Principal Place of Business <b>917 ELL WAY SARASOTA FL 34243</b>	Mailing Address <b>917 ELL WAY SARASOTA FL 34243</b>
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2. Principal Place of Business <b>2406 Cleo St</b>	3. Mailing Address <b>Same</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>NORTH PORT, FL</b>	City & State
Zip <b>34287</b>	Country <b>USA</b>

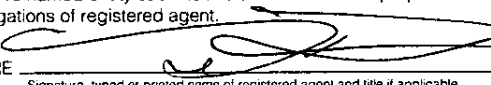


MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>FINANCIAL FOUNDATIONS, INC. 3150 SANDY RIDGE DRIVE CLEARWATER FL 33761</b>	
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4. FEI Number <b>02-0548827</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 	DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>PEREZ, HEBER J</b>	
STREET ADDRESS <b>917 ELL WAY</b>	<b>2406 Cleo St</b>
CITY-ST-ZIP <b>SARASOTA FL 34243</b>	<b>NORTH PORT, FL 34287</b>
TITLE <b>VPD</b>	<input type="checkbox"/> Delete
NAME <b>PEREZ, JASPER</b>	
STREET ADDRESS <b>917 ELL WAY</b>	<b>2406 Cleo St</b>
CITY-ST-ZIP <b>SARASOTA FL 34243</b>	<b>NORTH PORT, FL 34287</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	4/10/04 941-815-7487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daytime Phone #