


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90056 004 ***150.00

DOCUMENT # P02000020742	
1. Entity Name AMORE' HOMES, INC.	

Principal Place of Business 2509 LAKESHORE DR. ORLANDO, FL 32803	Mailing Address 2509 LAKESHORE DR. ORLANDO, FL 32803
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50032747

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

03012005 Chg-P CR2E034 (10/03)

4. FEI Number 01-0604203	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BENITEZ, GUS R ESQ 1223 E. CONCORD ST. ORLANDO, FL 32803	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	MAGID, SHIRL T
STREET ADDRESS	2509 LAKE SHORE DR
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	VP <input type="checkbox"/> Delete
NAME	FEGORELLO, FRANK
STREET ADDRESS	PO BOX 7261
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544
TITLE	S <input type="checkbox"/> Delete
NAME	FEGORELLO, FRANK
STREET ADDRESS	PO BOX 7261
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544
TITLE	T <input type="checkbox"/> Delete
NAME	MAGID, SHIRL T
STREET ADDRESS	2509 LAKE SHORE DR
CITY-ST-ZIP	ORLANDO, FL 32803
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: Shirley T. Magid **3-28-05** **321)231-5275**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #