* 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000021007

1. Entity Name HOME SUITE HOMES, INC.



FILED Apr 19, 2007 08:00 Al Secretary of State

CR2E034 (11/05)

Principal Place of Business

2500 QUANTUM LAKES DR

203

BOYNTON BEACH, FL 33426

Mailing Address

2500 QUANTUM LAKES DR

203

BOYNTON BEACH, FL 33426



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4. FEI Number Applied For 42-1608613 Applied For Not Applicable

5. Certificate of Status Desired

04162007

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALICEA, R. JEAN 1705 N. K STREET LAKE WORTH, FL 33460

DO NOT WRITE IN THIS SPACE

No Chg-P

8. The above the obligat	named entity submits this statement for the prions of registered agent.	surpose of changing its register		th, in the State of Florida. I am familiar with, and accep
SIGNATURE.	Signature, typed or printed name of registered agent and title in	f applicable. (NOTE: Registere	od Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	_ 	
10.	OFFICERS AND DIRECT	TORS	and the second of the second of	so were the said many a few at the
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALICEA, R. JEAN 1705 N. K STREET LAKE WORTH, FL 33460			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				000000716793 04/30/07-80022-017 150.00
TITLE				

DO NOT WRITE IN THIS SPACE

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

STREET ADDRESS

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

CHANGE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECT

4/16/07

56/ 333-/782 Daytime Phone #