2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2006 08:00 AM Secretary of State

DOCUMENT # P02000062894

AT HOME WITH FRIENDS, INC.



Principal Place of Business

5008 SAN MIGUEL ST TAMPA, FL 33629

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

Mailing Address

5008 SAN MIGUEL ST TAMPA, FL 33629



DO NOT WRITE IN THIS SPACE

No Chg-P 01092006 CR2E034 (11/05)

5.	Certificate of Status Desired	,,,,,	3.75	Additional
	03-0459834			Not Applicabl
4.	FEI Number		1	אףוופט רטו

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				5. Certificate	of Status Desired		\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent											
CASTELLANO, NELSON T 101 E. KENNEDY BLVD., STE 2700 TAMPA, FL 33602			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. 1 am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE											
F(L After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00		55.00 May Be dided to Fees	<u> </u>							
10.	OFFICERS AND DIREC	CTORS			02/01/05-	SUU4.	7-005 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSCARO, TIMOTHY 3502 BAY TO BAY BLVD TAMPA, FL 33611										
TITLE NAME STREET AODRESS CITY-ST-ZIP	D ABDONEY, MICHAEL 3502 BAY TO BAY BLVD TAMPA, FL 33611										
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RIT	E				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE								
TITLE NAME							-				

12. I hereby certify that the information supplied with this filling 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: . SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #