


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000076396
 1. Entity Name
 HOMAZOMA CORP.



Principal Place of Business
 8226 LAKE CROWELL CIR.
 ORLANDO, FL 32836

Mailing Address
 8226 LAKE CROWELL CIR.
 ORLANDO, FL 32836

DO NOT WRITE IN THIS SPACE



03212007 No Chg-P CR2E034 (11/05)

4. FEI Number
 27-0021352 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHERMAN, HOPE
 8226 LAKE CROWELL CIR.
 ORLANDO, FL 32836

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000682846
 04/05/07-80018-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHERMAN, HOPE
STREET ADDRESS	8226 LAKE CROWELL CIR.
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	D
NAME	SHERMAN, MARTIN H
STREET ADDRESS	8226 LAKE CROWELL CIR.
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 any other like empowered.

SIGNATURE: Hope Sherman Hope Sherman 32207 407 226 8182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #