2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000081301 1. Entity Name HOMELENDERS, INC.				
Principal Place of Business 220 NORTH STATE ROAD 7 HOLLYWOOD, FL 33021		Mailing Address 220 NORTH STATE ROAD 7 HOLLYWOOD, FL 33021		
DO NOT WRITE IN THIS SPACE				02222005 No Chg-P CR2E034 (10/03) 4. FFI Number Applied For
	ame and Address of Current		A CONTRACT OF THE CONTRACT OF	FEI Number Applied For Not Applicable S. Certificate of Status Desired Service Status Desired
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				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. I 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				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
STREET ADDRESS 220 N	OFFICERS AND E, RICHARD ORTH STATE ROAD 7 YWOOD, FL 33021	DIRECTORS		000000251899 03/05/05-80005-013 150.00
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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 exceptle 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 fixed empowered. SIGNATURE: SIGNATURE: Discrete AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daysime Phone #				