


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000083457 1. Entity Name HOMETOWN REAL ESTATE INVESTMENT TRUST CORPORATION	
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Principal Place of Business 2810 S FEDERAL HWY FT PIERCE, FL 34982	Mailing Address 2810 S FEDERAL HWY FT PIERCE, FL 34982
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01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0479376	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POLACKWICH, ALAN S SR.,ESQ
4100 20TH STREET
VERO BEACH, FL 32960

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, VERNON D 2810 S FEDERAL HWY FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, TIM 2810 S FEDERAL HWY FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBBINS, CINDY 2810 S FEDERAL HWY FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LONG, LEAELEANOR 2810 S FEDERAL HWY FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WILLIS, MARY 2810 S FEDERAL HWY FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ISAAC, ILAIN 2810 S FEDERAL HWY FORT PIERCE, FL 34982

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03/13/06-80002-017 150.00

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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:  **Leaeleanor Long**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/06 772 466 1200
Date Daytime Phone #