

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000090452

Entity Name: HOMESCYCLES, INC.

FILED
Jan 03, 2007
Secretary of State

Current Principal Place of Business:

515 N.E. 107TH ST.
MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

515 N.E. 107TH ST.
MIAMI, FL 33161

New Mailing Address:

FEI Number: 06-1645084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SEISS, ANTON
515 N.E. 107TH ST.
MIAMI, FL 33161 US

Name and Address of New Registered Agent:

SEISS, ANTON PSTD
515 N.E. 107TH ST.
MIAMI, FL 33161 US

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.

SIGNATURE: ANTON SEISS

01/03/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: SEISS, ANTON
Address: 515 N.E. 107TH ST.
City-St-Zip: MIAMI, FL 33161

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: SEISS, ANTON
Address: 515 N.E. 107TH ST.
City-St-Zip: MIAMI, FL 33161 US

Title: VP () Change (X) Addition
Name: SEISS, AMY E VP
Address: 515 NE 107 STREET
City-St-Zip: MIAMI, FL 33161 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTON SEISS

PSTD

01/03/2007

Electronic Signature of Signing Officer or Director

Date