

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000003917

FILED
Jan 18, 2005
Secretary of State

Entity Name: HOMEFRONT PROPERTIES & MANAGEMENT CORP.

Current Principal Place of Business:

1677 PASSION VINE CIRCLE
WESTON, FL 33326

New Principal Place of Business:

150 BONAVENTURE BLVD.
#109
WESTON, FL 33326 US

Current Mailing Address:

P.O. BOX 266841
WESTON, FL 33326

New Mailing Address:

P.O. BOX 266841
WESTON, FL 33326 US

FEI Number: 55-0813919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, WENDI
1677 PASSION VINE CIRCLE
WESTON, FL 33326 US

Name and Address of New Registered Agent:

ALLEN, WENDI
P.O. BOX 266841
WESTON, FL 33326 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: WENDI ALLEN

01/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALLEN, WENDI
Address: 1677 PASSION VINE CIRCLE
City-St-Zip: WESTON, FL 33326

Title: VD () Delete
Name: ALLEN, MARK
Address: 1677 PASSION VINE CIRCLE
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALLEN, WENDI
Address: P.O. BOX 266841
City-St-Zip: WESTON, FL 33326 US

Title: VD (X) Change () Addition
Name: ALLEN, MARK
Address: P.O. BOX 266841
City-St-Zip: WESTON, FL 33326 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WENDI ALLEN

PD

01/18/2005

Electronic Signature of Signing Officer or Director

Date