


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90025 030 ***150.00

DOCUMENT # P03000005181	
1. Entity Name STAR HOMES INC.	

Principal Place of Business 22317 SW 66 AVE SUITE 2304 BOCA RATON FL 33428	Mailing Address 22317 SW 66 AVE SUITE 2304 BOCA RATON FL 33428
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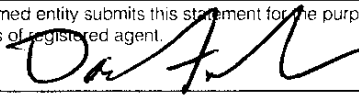


2. Principal Place of Business 22305 SW 57 Ave	3. Mailing Address 22305 SW 57 Ave
Suite, Apt. #, etc. # Suite 201	Suite, Apt. #, etc. Suite 201
City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33428	Country USA

1st MOORE CR2E034 (10/05)

4. FEI Number 43-1993234		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 FRIEDMAN, DAVID 22317 SW 66 AVE SUITE 2304 BOCA RATON FL 33428		7. Name and Address of New Registered Agent Name FRIEDMAN DAVID Street Address (P.O. Box Number is Not Acceptable) 22305 SW 57 AVE Suite 201 City BOCA RATON FL 33428

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 **2/14/06**

Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reconstituting)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FRIEDMAN, DAVID P		NAME FRIEDMAN, DAVID	
STREET ADDRESS 22317 SW 66 AVE SUITE 2304		STREET ADDRESS 22305 SW 57 AVE Suite 201	
CITY-ST-ZIP BOCA RATON FL 33428		CITY-ST-ZIP BOCA RATON, FL 33428	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BETTA, VINCENT VP		NAME BETTA, VINCENT VP	
STREET ADDRESS 22317 SW 66 AVE SUITE 2304		STREET ADDRESS 22305 SW 57 AVE Suite 201	
CITY-ST-ZIP BOCA RATON FL 33428		CITY-ST-ZIP BOCA RATON, FL 33428	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DALTON, JOHN W		NAME DALTON, JOHN W	
STREET ADDRESS 22317 SW 66 AVE SUITE 2304		STREET ADDRESS 22305 SW 57 AVE Suite 201	
CITY-ST-ZIP BOCA RATON FL 33428		CITY-ST-ZIP BOCA RATON, FL 33428	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CENTORE, ROBERT		NAME CENTORE, ROBERT F	
STREET ADDRESS 22317 SW 66 AVE SUITE 2304		STREET ADDRESS 22305 SW 57 AVE Suite 201	
CITY-ST-ZIP BOCA RATON FL 33428		CITY-ST-ZIP BOCA RATON, FL 33428	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **DAVID FRIEDMAN** 2/14/06 361 715-1717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #