2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# P03000023111

Entity Name: HOMEXPERTS, INC.

Current Principal Place of Business:

10700 N. KENDALL DRIVE, SUITE 401
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

10700 N. KENDALL DRIVE, SUITE 401
MIAMI, FL 33176

New Mailing Address:

FEI Number: 57-1153068 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VILLENA, ROBERT
11767 SW 93 TERR
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: IRAOLA, MANUEL J
Address: 812 ALFONSO AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: VPD ( ) Delete
Name: VILLENA, JOSE A
Address: 9081 SW 124 STREET
City-St-Zip: MIAMI, FL 33176

Title: VPD ( ) Delete
Name: VILLENA, MARIO A
Address: 7501 SW 82 COURT
City-St-Zip: MIAMI, FL 33143

Title: VPD ( ) Delete
Name: KENNEDY, WILLIAM P
Address: 19427 SW65 ST
City-St-Zip: FORT LAUDERDALE, FL 33332

Title: VSTD ( ) Delete
Name: VILENA, ROBERT A
Address: 11767 SW 93 TERR
City-St-Zip: MIAMI, FL 33186

Title: VP ( ) Delete
Name: VILLENA, JOSE A SR.
Address: 9205 SW 32 STREET
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: IRAOLA, CARLOS G
Address: 216 ROMANO AVENUE
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT VILLENA VSTD 02/16/2009

Electronic Signature of Signing Officer or Director — Date

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02-16-09

Block 10.

TITLE	VP
NAME	VILLENA, JOSE, A., SR.
STREET ADDRESS	9205 SW 32 STREET
CITY-ST-ZIP	MIAMI, FL 33165