

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000036264

Entity Name: HOMEDEAL INC.

FILED
Sep 15, 2009
Secretary of State

Current Principal Place of Business:

6092 NW 75TH WAY
PARKLAND, FL 33067

New Principal Place of Business:

100 SARATOGA BLVD WEST
ROYAL PALM BEACH, FL 33411

Current Mailing Address:

1643 WARWICK AVE
WARWICK, RI 02889 US

New Mailing Address:

939 ADAMS STREET
HOLLYWOOD, FL 33019 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLOZZI, ANTONELLA F DR.
6092 NW 75TH WAY
PARKLAND, FL 33067 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARLOZZI, ANTONELLA
Address: 1643 WARWICK AVE, #276
City-St-Zip: WARWICK, RI 02889 US

Title: VP (X) Delete
Name: CARLOZZI, ANTONELLA
Address: 1643 WARWICK AVE, #276
City-St-Zip: WARWICK, RI 02889

Title: TREA (X) Delete
Name: CARLOZZI, ANTONELLA
Address: 1643 WARWICK AVE, #276
City-St-Zip: WARWICK, RI 02889 US

Title: SECR (X) Delete
Name: CARLOZZI, ANTONELLA
Address: 1643 WARWICK AVE, #276
City-St-Zip: WARWICK, RI 02889

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGR (X) Change () Addition
Name: CARLOZZI, ANTONELLA DR.
Address: 939 ADAMS STREET
City-St-Zip: HOLLYWOOD, FL 33019 US

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

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

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

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: ANTONELLA CARLOZZI

MGR

09/15/2009

Electronic Signature of Signing Officer or Director

Date