

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000038218

FILED
Apr 30, 2004
Secretary of State

Entity Name: HOUSE MENDERS, INCORPORATED

Current Principal Place of Business:

3640 N.W. 113TH AVENUE
CORAL SPRINGS, FL 33065

New Principal Place of Business:

814 FOXPOINTE CIRCLE
DELRAY BEACH, FL 33445 US

Current Mailing Address:

3640 N.W. 113TH AVENUE
CORAL SPRINGS, FL 33065

New Mailing Address:

814 FOXPOINTE CIRCLE
DELRAY BEACH, FL 33445 US

FEI Number: 56-2331875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRAVATA, SALVATOR A
3640 N.W. 113TH AVENUE
CORAL SPRINGS, FL 33065

Name and Address of New Registered Agent:

PRAVATA, SALVATOR A
814 FOXPOINTE CIRCLE
DELRAY BEACH, FL 33445 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: _____

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PRAVATA, SALVATOR A
Address: 3640 N.W. 113TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: PRAVATA, PATRICE A
Address: 3640 N.W. 113TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PRAVATA, SALVATOR A
Address: 814 FOXPOINTE CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: D (X) Change () Addition
Name: PRAVATA, PATRICE A
Address: 814 FOXPOINTE CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445 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: SALVATOR A PRAVATA

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date