


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 8:00 am
Secretary of State

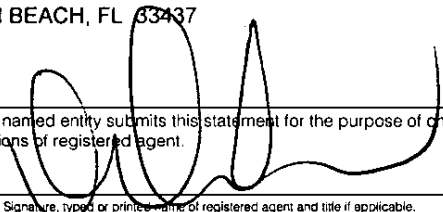
02-06-2008 90034 036 ***150.00

DOCUMENT # P03000081625	
1. Entity Name NO OTHER PLACE LIKE HOME, INC.	
	
Principal Place of Business 541 S STATE ROAD 7 SUITE 15 MARGATE, FL 33068	Mailing Address 541 S STATE RD 7 SUITE 15 MARGATE, FL 33068
DO NOT WRITE IN THIS SPACE	



01222008 No Chg-P CR2E034 (11/05)

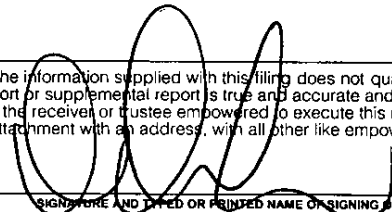
4. FEI Number 02-0700989	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WALLACE, VERONICA 6678 CONCH COURT BOYNTON BEACH, FL 33437	DO NOT WRITE IN THIS SPACE
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>1/28/08</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST WALLACE, VERONICA 6678 CONCH COURT BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wallace Veronica - President 6678 Conch CT Boynton Bch, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nicola Wallace Secretary 786 S.W. 54 Ave, margate, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Petrekin Vice-President 6678 Conch CT Boynton Bch, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Veronica Wallace - Treasurer 6678 Conch CT, Boynton Bch FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>1/28/08</u> <small>Date Daytime Phone #</small>