

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000081625

FILED  
Jul 06, 2010  
Secretary of State

**Entity Name:** NO OTHER PLACE LIKE HOME, INC.

**Current Principal Place of Business:**

541 S STATE ROAD 7  
SUITE 15  
MARGATE, FL 33068

**New Principal Place of Business:**

**Current Mailing Address:**

541 S STATE RD 7  
SUITE 15  
MARGATE, FL 33068

**New Mailing Address:**

**FEI Number:** 02-0700989

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WALLACE, VERONICA  
6678 CONCH COURT  
BOYNTON BEACH, FL 33437 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

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: WALLACE, VERONICA  
Address: 6678 CONCH COURT  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: P  
Name: WALLACE, VERONICA  
Address: 6678 CONCH CT  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: S  
Name: WALLACE, NICOLA  
Address: 786 S.W. 54 AVE  
City-St-Zip: MARGATE, FL 33068

Title: VP  
Name: PETREKIN, ROBERT  
Address: 6678 CONCH CT  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: T  
Name: WALLACE, VERONICA  
Address: 6678 CONCH CT  
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby 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 all other like empowered.

SIGNATURE: VERONICA WALLACE

CEO

07/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date