
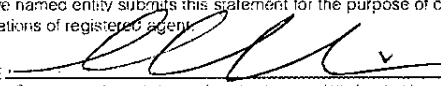
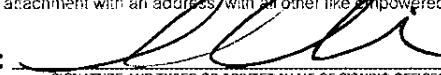


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90473 009 ***150.00

DOCUMENT # P03000100330 1. Entity Name AT HOME IMMOBILIZATION, INC.																																					
Principal Place of Business C/O GARY D. LIPSON 914 MATANZAS AVE CORAL GABLES, FL 33146			Mailing Address C/O GARY D. LIPSON 914 MATANZAS AVE CORAL GABLES, FL 33146																																		
2. Principal Place of Business 203 E. Hillcrest St			3. Mailing Address 203 E. Hillcrest St																																		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 																																		
City & State ORL, FL			City & State ORL, FL																																		
Zip 32801		Country USA		4. FEI Number 20-0222853																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																			
6. Name and Address of Current Registered Agent LIPSON, GARY D 914 MATANZAS AVE CORAL GABLES, FL 33146				7. Name and Address of New Registered Agent ADAM REISS 203 E. Hillcrest St. ORL, FL 32801																																	
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:  DATE: 5/1/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> Registered Agent GARY LIPSON 914 Matanzas Ave Coral Gables, FL 33146 <input checked="" type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Registered Agent GARY LIPSON 914 Matanzas Ave Coral Gables, FL 33146 <input checked="" type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> 6 REISS Registered Agent ADAM REISS 203 E. Hillcrest St ORL, FL 32802 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	6 REISS Registered Agent ADAM REISS 203 E. Hillcrest St ORL, FL 32802 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition														
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 another like empowered.																																					
SIGNATURE:  ADAM REISS 5/1/04 407 650 2020 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																					

54053892



02252004 Chg-P CR2E034 (10/03)