


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90021 020 \*\*\*150.00

<b>DOCUMENT # P03000102852</b>	
1. Entity Name <b>HOME-KING INCORPORATED</b>	

Principal Place of Business <b>140 TOMAHAWK DRIVE SUITE #125 INDIAN HARBOUR BEACH, FL 32937 US</b>	Mailing Address <b>140 TOMAHAWK DRIVE SUITE # 125 INDIAN HARBOUR BEACH, FL 32937 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>PO Box 1573</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>Cape Canaveral, FL</b>	
Zip	Country	Zip	Country
		<b>32920</b>	<b>USA</b>

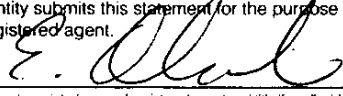
03082008 Chg-P CR2E034 (12/06)

4. FEI Number <b>61-1457600</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>OLEJARSKI, EILEEN 1051 BALI ROAD — 1834 Sungazer Drive COCOA BEACH, FL 32931 VERA, FL 32955</b>	
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7. Name and Address of New Registered Agent	
Name <b>Eileen Olejarski</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1834 Sungazer Dr.</b>	
City <b>Viera</b>	FL Zip Code <b>32955</b>

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 <b>3/8/08</b>

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES GRAHAM, CHARLES 685 KENWOOD COURT SATELLITE BEACH, FL 32937</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA Eileen Olejarski 1834 Sungazer Dr Viera, FL 32955</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA OLEJARSKI, EILEEN 1051 BALI ROAD COCOA BEACH, FL 32931</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECR GRAHAM, ANNEMARIE 685 KENWOOD COURT SATELLITE BEACH, FL 32937</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: 	DATE: <b>3/8/08</b>	DAYTIME PHONE #: <b>321-508-9111</b>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #