

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000103727

Entity Name: PREPAIDHOME, INC.

FILED
Mar 12, 2006
Secretary of State

Current Principal Place of Business:

4630 S KIRKMAN RD #128
ORLANDO, FL 32811

New Principal Place of Business:

4972 EAGLESMERE DR.
927
ORLANDO, FL 32819

Current Mailing Address:

4972 EAGLESMERE DR. APT. 927
ORLANDO, FL 32819

New Mailing Address:

4972 EAGLESMERE DR.
927
ORLANDO, FL 32819

FEI Number: 20-0209996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHOUAIT, MOULAY D
4636 CASON COVE DR #506
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

CHOUAIT, MOULAY D
4972 EAGLESMERE DR.
927
ORLANDO, FL 32819 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:

03/12/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHOUAIT, MOULAY D
Address: 4636 CASON COVE DR #506
City-St-Zip: ORLANDO, FL 32811

Title: VD () Delete
Name: KOUMTANI, FATIMA
Address: 4636 CASON COVE DR #506
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHOUAIT, MOULAY D
Address: 4972 EAGLESMERE DR. # 927
City-St-Zip: ORLANDO, FL 32819

Title: VD (X) Change () Addition
Name: KOUMTANI, FATIMA
Address: 4972 EAGLESMERE DR. # 927
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CHOUAIT MOULAY D

PD

03/12/2006

Electronic Signature of Signing Officer or Director

Date