


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90083 012 ***150.00

DOCUMENT # P03000106371		
1. Entity Name HOME DIABETES, INC.		

Principal Place of Business 15 PALM HARBOR VILLAGE WAY SUITE E PALM COAST, FL 32137	Mailing Address 15 PALM HARBOR VILLAGE WAY SUITE E (W) PALM COAST, FL 32137
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2. Principal Place of Business 15 Palm Harbor Village Way Suite, Apt. #, etc. Suite E	3. Mailing Address 156 BELLEAIRE DRIVE Suite, Apt. #, etc.
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City & State PALM COAST FL	City & State PALM COAST FL	4. FEI Number 20-0227222	Applied For Not Applicable
Zip 32137	Country USA	Zip 32137	Country USA

04222005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent GANEM, JOSEPH 156 BELLEAIRE DRIVE PALM COAST, FL 32137		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCVEIGH, CATHERINE 156 BELLEAIRE DR. PALM COAST, FL 32137 <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
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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 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 all other like empowered.

SIGNATURE: Catherine McVeigh CATHERINE MCVEIGH/PRESIDENT/4-27-05 386-447-8876
4/22/05 JFW:mfj