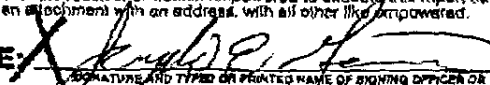


FILED

May 01, 2006 08:00 AM
Secretary of State2006 FOR PROFIT CORPORATION
ANNUAL REPORT

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 B PALM COAST, FL 32137
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GANEM, JOSEPH 155 BELLEAIRE DRIVE PALM COAST, FL 32137		04252005 No Chg-P CR2E034 (11/05)
		4. FEI Number 20-0227222
		Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. 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.		DO NOT WRITE IN THIS SPACE
SIGNATURE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent Signature required when refreshing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCVEIGH, CATHERINE 155 BELLEAIRE DR. PALM COAST, FL 32137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
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.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/27/06 306 447-8851

4/25/06: JFW: J