2006 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Name	MENT # P030001254 HOMES INC.	171				
Principal Place PO BOX 210 VENICE, FL	4	Mailing Address PO BOX 2104 VENICE, FL 34284				
D	O NOT WRITE	CE	01052006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 20-0358048 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required			
WALCZAK 501 BARC VENICE, F	6. Name and Address of Current R C, BOZENA ELONA AVE. L 34285	DO NOT WRITE IN THIS SPACE				
the obligat	named entity submits this statement for toons of registered agent Signature, typed or printed name of registered agent an E NOW!!! FEE IS \$150.00 BY 1, 2005 Fee Will be \$550.00	I take if applicable (NOTE Register	ed Agent signature requirer			I am familiar with, and accept
10. TITLE HAVE STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D P WALCZAK, BOZENA 501 BARCELONA AVE. VENICE, FL 34285 VP	IRECTORS	-		//////////////////////////////////////	
HAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP	WALZCAK, MARIAN	, <u>, , , , , , , , , , , , , , , , , , </u>		DO	NOT WR	ITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			IN THIS SPACE			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>			

SIGNATURE: 03 - CS & BOZENA WALCZAK 1/14/06 941/485-041:

^{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.