2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005
Secretary of State

DOCUMENT# P04000059999

Entity Name: HOMEFACTS, INC.

Current Principal Place of Business:

PO BOX 10263
BROOKSVILLE, FL 34603

New Principal Place of Business:

Current Mailing Address:

PO BOX 10263
BROOKSVILLE, FL 34603

New Mailing Address:

FEI Number: 20-1019960 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOOLEVER, SUSAN L
21196 POWELL RD
BROOKSVILLE, FL 34604 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D ( ) Change (X) Addition
Name: WATSON, JOHN S
Address: 820 52ND AVENUE, SOUTH
City-St-Zip: ST. PETERSBURG, FL 33705

Title: VP/D ( ) Change (X) Addition
Name: WOOLEVER, RAYMOND D
Address: 2008 15TH STREET, NW
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: S/T/ ( ) Change (X) Addition
Name: WOOLEVER, SUSAN L
Address: 2008 15TH STREET, NW
City-St-Zip: CRYSTAL RIVER, FL 34428

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUSAN L. WOOLEVER S/T 01/18/2005

Electronic Signature of Signing Officer or Director Date