

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90092 036 \*\*\*150.00

<b>DOCUMENT # P04000075555</b> 1. Entity Name <b>ROMANCING YOUR HOME, INC.</b>			
Principal Place of Business <b>100 NE 26TH DR</b> <b>WILTON MANORS, FL 33334 US</b>		Mailing Address <b>100 NE 26TH DR</b> <b>WILTON MANORS, FL 33334 US</b>	
2. Principal Place of Business - No P.O. Box <b>211 Commercial Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>211 Commercial Blvd.</b> Suite, Apt. #, etc.	
City & State <b>Lauderdale by the Sea</b> Zip <b>33308</b>		City & State <b>Lauderdale by the Sea</b> Zip <b>33308</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>51-0508761</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CASTELLANO, SALLY</b> <b>100 NE 26TH DR</b> <b>WILTON MANORS, FL 33334</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CASTELLANO, SALLY</b> <b>100 NE 26TH DR</b> <b>WILTON MANORS, FL 33334</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Sally Castellano</b> <b>211 Commercial Blvd</b> <b>Lauderdale by the Sea, FL 33308</b> <input checked="" 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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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: <u><i>Sally Castellano</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>1-25-07</u> Daytime Phone #: <u>954.918-0911</u>	