

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90040 003 ***150.00

DOCUMENT # P04000075798 1. Entity Name HOMETEC BUILDERS INC.					
Principal Place of Business 1756 SW BAYSHORE BLVD PORT ST LUCIE, FL 34984			Mailing Address 1756 SW BAYSHORE BLVD PORT ST LUCIE, FL 34984		
2. Principal Place of Business 4112 Oleander Avenue Suite, Apt. #, etc.		3. Mailing Address 4112 Oleander Avenue Suite, Apt. #, etc.			
City & State Ft. Pierce Florida Zip 34982		City & State Ft. Pierce Florida Zip 34982		4. FEI Number 33-1091973	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BIANCO, ROBERT J 5200 N FEDERAL HWY STE 2 FT LAUDERDALE, FL 33308				7. Name and Address of New Registered Agent Name Robert J. Bianco Street Address (P.O. Box Number is Not Acceptable) 1082 SW Lighthouse Drive City Palm City FL Zip Code 34990	
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 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. <input checked="" type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIANCO, ROBERT J 5200 N FEDERAL HWY STE 2 FT LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robert J. Bianco 1082 SW Lighthouse Drive Palm City, FL 34990	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SCHERER, ROBERT H 5200 N FEDERAL HWY STE 2 FT LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Robert H. Scherer 4640 North Federal Highway Suite 6 Fort Lauderdale, FL 33308	
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	
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	
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: (Pres) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			5-12-06 772-320-2281 Date Daytime Phone #		