
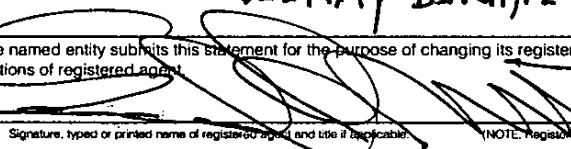
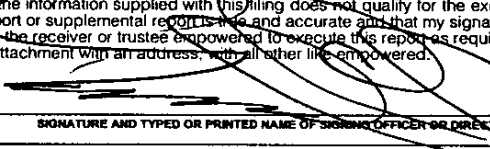


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90032 026 ***150.00

DOCUMENT # P04000098969					
1. Entity Name HOMECRAFTERS OF AMERICA, INC.					
Principal Place of Business 1300 SW 10TH ST. BLDG. A STE 1 DELRAY BEACH, FL 33444 US			Mailing Address 1300 SW 10TH ST. BLDG. A STE. 1 DELRAY BEACH, FL 33444 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	02132006 Chg-P CR2E034 (11/05)	
4. FEI Number 20-1312656				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEONARD, RINALDO C 9425 FONTAINEBLEAU BLVD. 1300 SW 10th ST. STE. 205 Bldg A STE. 1 MIAMI, FL 33172 DELRAY BEACH, FL 33444				Name Street Address (P.O. Box Number is Not Acceptable)	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: 				LEONARD C. RINALDO 2-15-06 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	PSTD <input type="checkbox"/> Delete NAME: RINALDO, LEONARD C STREET ADDRESS: 9425 FONTAINEBLEAU BLVD. SUITE 205 CITY-ST-ZIP: MIAMI, FL 33172				
TITLE	<input type="checkbox"/> Delete				
TITLE	<input type="checkbox"/> Delete				
TITLE	<input type="checkbox"/> Delete				
TITLE	<input type="checkbox"/> Delete				
TITLE	<input type="checkbox"/> Delete				
TITLE	<input type="checkbox"/> Delete				
TITLE	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: WILLIAM NORMINGTON STREET ADDRESS: 2879 BRIDLEWOOD DRIVE CITY-ST-ZIP: PALM HARBOR, FL 34623				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE	<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:  2-15-06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: LEONARD C. RINALDO DAYTIME PHONE: 561-819-1500					