


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90413 018 \*\*\*150.00

<b>DOCUMENT # P04000112031</b> 1. Entity Name <b>A1 HOMES, INC.</b>																					
Principal Place of Business <b>15733 SW 147 Lane</b> <b>MIAMI, FL 33186</b>			Mailing Address <b>12847 S.W. 146TH LANE</b> <b>MIAMI, FL 33186</b>																		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																			
City & State		City & State		4. FEI Number <b>20-1449238</b>																	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																	
6. Name and Address of Current Registered Agent  <b>PIRELA, ADELITA</b> <b>15733 SW 147 Lane</b> <b>MIAMI, FL 33186</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																	
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 _____ DATE _____ <small>Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																					
<b>FILE NOW FEE IS \$150.00</b> <b>After May 1, 2006 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>																		
<b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:70%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>PIRELA, ADELITA</td> </tr> <tr> <td>STREET ADDRESS</td> <td>12847 S.W. 146TH LANE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33186</td> </tr> </table>			TITLE	Delete <input type="checkbox"/>	NAME	PIRELA, ADELITA	STREET ADDRESS	12847 S.W. 146TH LANE	CITY-ST-ZIP	MIAMI, FL 33186	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		STREET ADDRESS		CITY-ST-ZIP	
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/06

Date

Daytime Phone