

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000116575

FILED  
May 24, 2007  
Secretary of State

Entity Name: HOME MERCHANT REALTY, INC.

## Current Principal Place of Business:

5220 S. UNIVERSITY DR. SUITE C 207-208  
DAVIE, FL 33328

## New Principal Place of Business:

## Current Mailing Address:

5220 S. UNIVERSITY DR. SUITE C 207-208  
DAVIE, FL 33328

## New Mailing Address:

FEI Number: 20-1494193

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GUSTAVE-OMEGA, ROUDIE  
8465 PHOENICIAN CT  
DAVIE, FL 33328 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: GUSTAVE-OMEGA, ROUDIE  
Address: 8465 PHOENICIAN CT  
City-St-Zip: DAVIE, FL 33328

Title: VPT ( ) Delete  
Name: OMEGA, REYNALD  
Address: 8465 PHOENICIAN CT  
City-St-Zip: DAVIE, FL 33328

Title: PS ( ) Delete  
Name: GUSTAVEOMEGA, ROUDIE  
Address: 8465 PHOENICIAN CT  
City-St-Zip: DAVIE, FL 33328

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: REYNALD OMEGA

VP

05/24/2007

Electronic Signature of Signing Officer or Director

Date