


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90107 014 ***550.00

| | |
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| DOCUMENT # P04000133285 |  |
| 1. Entity Name INDEED HOME BUYERS INC. | |

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| Principal Place of Business 8522 CAITLIN COURT HUDSON, FL 34667 | Mailing Address 8522 CAITLIN COURT HUDSON, FL 34667 |
|---|---|

20065487



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|---|---|
| 2. Principal Place of Business 7800 SCRUB OAK CT Suite, Apt. #, etc. | 3. Mailing Address 7800 SCRUB OAK CT Suite, Apt. #, etc. |
|---|---|

07082005 Chg-P CR2E034 (10/03)

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| City & State HUDSON, FL | City & State HUDSON, FL |
| Zip 34667 | Country USA |
| Zip 34667 | Country USA |

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|------------------------------------|--|
| 4. FEI Number 20-1609242 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent WOOD, MICHELLE 8522 CAITLIN COURT HUDSON, FL 34667 | |
| 7. Name and Address of New Registered Agent Name MICHELLE WOOD Street Address (P.O. Box Number is Not Acceptable) 7800 SCRUB OAK CT City HUDSON FL Zip Code 34667 | |

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 _____

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| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD WOOD, MICHELLE 8522 CAITLIN COURT HUDSON, FL 34667 <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 | VP JOHNSON, JUDITH K 8522 CAITLIN COURT HUDSON, FL 34667 <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 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michelle Laura Wood **Michelle Laura Wood**
Date July 22, 2005 Daytime Phone (727) 207-7999