2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000135789

Entity Name: PP & B HOME MANAGEMENT, INC.

FILED Jan 13, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	RDOBA STRE (ARDEN, FL				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
774 UNIVERSITY DRIVE WALDORF, MD 20602					
FEI Number:	73-1719019	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:	
PONTORNO, GERVASIO SR. 16600 CORDOBA STREET WINTER GARDEN, FL 34787 US					
The above in the State		submits this statement for the pu	rpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	nic Signature of Registered Agen	t	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () PONTORNO, G 774 UNIVERSI WALDORF, ME	TY DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () PONTORNO, M 774 UNIVERSIT WALDORF, ME	TY DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () PONTORNO, P 3681 GARDINE WALDORF, ME	ER ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () PONTORNO, JO 3681 GARDINE WALDORF, ME	ER ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () BEAVER, MICH 9201 PLEASAN LAUREL, MD 2	IT COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () BEAVER, MELI 9201 PLEASAN LAUREL, MD 2	IT COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GERVASIO PONTORNO, SR P 01/13/2005