2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000135789

Entity Name: PP & B HOME MANAGEMENT, INC.

FILED Jan 25, 2008 Secretary of State

Current Principal Place of Business:			New Principal	New Principal Place of Business:	
16577 MEN WINTER G	ORCA DR. ARDEN, FL 3	4787			
Current Mailing Address:			New Mailing A	New Mailing Address:	
774 UNIVERSITY DRIVE WALDORF, MD 20602				16577 MENORCA DR. WINTER GARDEN, FL 34787	
FEI Number:	73-1719019	FEI Number Applied For()	FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
PONTORNO, GERVASIO SR. 16577 MENORCA DR. WINTER GARDEN, FL 34787 US					
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.					
SIGNATUR	E:				
	Electron	c Signature of Registered Agent		Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS: ADDITION			ADDITIONS/CH	HANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () PONTORNO, GE 16577 MENORO WINTER GARDI	A DR.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () PONTORNO, MA 16577 MENORO WINTER GARDI	CA DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () PONTORNO, PE 3681 GARDINEI WALDORF, MD	R ROAD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () PONTORNO, JO 3681 GARDINEI WALDORF, MD	R ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () BEAVER, MICHA 9201 PLEASAN LAUREL, MD 20	T COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () BEAVER, MELIS 9201 PLEASAN LAUREL, MD 20	T COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: GERVASIO PONTORNO, SR MR 01/25/2008