2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005
Secretary of State

DOCUMENT# P04000143298

Entity Name: HOME DESIGNS, INC.

Current Principal Place of Business:

505 AVENUE A, NW
SUITE 102
WINTER HAVEN, FL 33881 US

New Principal Place of Business:

13500 N. TAMIAMI TRAIL
SUITE 3
NAPLES, FL 34110 US

Current Mailing Address:

505 AVENUE A, NW
SUITE 102
WINTER HAVEN, FL 33881 US

New Mailing Address:

13500 N. TAMIAMI TRAIL
SUITE 3
NAPLES, FL 34110 US

FEI Number: 20-2428115 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GOVONI & ASSOCIATES, INC.
505 AVENUE A, NW
SUITE 102
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

BARRETT, LESLEY C
113500 N. TAMIAMI TRAIL
SUITE 3
NAPLES, FL 34110 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.

SIGNATURE: LESLEY C. BARRETT 04/16/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BARRETT, SIMON D
Address: 31 LIFEBOAT WAY
City-St-Zip: SELSEY, WEST SUSSEX, UK PO20 0TX UK

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S, T (X) Change ( ) Addition
Name: BARRETT, SIMON D
Address: 13500 N. TAMIAMI TRAIL, SUITE 3
City-St-Zip: NAPLES, FL 34108 US

Title: P,V ( ) Change (X) Addition
Name: BARRETT, LESLEY C
Address: 13500 N. TAMIAMI TRAIL, SUITE 3
City-St-Zip: NAPLES, FL 34108 US

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: LESLEY C. BARRETT P 04/16/2005
Electronic Signature of Signing Officer or Director Date