

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90027 050 ***150.00

DOCUMENT # P04000153181					
1. Entity Name HOUSE OF MANAGEMENT ENTERPRISES FOR COMMUNITY ASSOCIATIONS, INC.					
Principal Place of Business 1969 SOUTH ALAFOYA TRAIL #327 ORLANDO, FL 32828			Mailing Address 1969 SOUTH ALAFOYA TRAIL #327 ORLANDO, FL 32828		
2. Principal Place of Business House of Mgmt for Comm Assocs, Inc. Suite, Apt. #, etc. 5205 S. Orange Ave, Ste D City & State Orlando, Florida Zip 32809		3. Mailing Address House of Mgmt for Comm Assocs, Inc. Suite, Apt. #, etc. 5205 S. Orange Ave, Ste D City & State Orlando, Florida Zip 32809		01062006 Chg-P CR2E034 (11/05)	
Country USA		Country USA		4. FEI Number 20-1859010	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORBETT, SCOTT R 1501 W COLONIAL DRIVE ORLANDO, FL 32804			7. Name and Address of New Registered Agent Name House of Management for Community Associations, Inc. Street Address (P.O. Box Number is Not Acceptable) 5205 S. Orange Ave, Ste D City Orlando FL Zip Code 32809		
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: 1/6/06 <small>Signature, type or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOUSE, MICHAEL E 1969 SOUTH ALAFOYA TRAIL #327 ORLANDO, FL 32828	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOUSE, MICHAEL E. 5205 S. ORANGE AVENUE, SUITE D ORLANDO, FL 32809	<input checked="" 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 exemptions contained 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 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:			1/6/06 407-823-9464		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		