2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jul 06, 2006 8:00 am Secretary of State **DOCUMENT # P05000024682 -**05-19-2006 90029 050 ***155.00 HOME PERKS, INC. Principal Place of Business Mailing Address 66021402 1636 CHERRY RIDGE DR 1636 CHERRY RIDGE DR HEATHROW, FL 32744 HEATHROW, FL 32744 2. Principal Place of Business 23.58 Fern L 3357 Fern Sulta, Api. 4, etc. 05112008 City & State 4. FEI Number Not Applicable CountryUSA 型3<u>24</u> \$8.75 Additional 7. Name and Address of New Registered Agant and Address of Current Registered Agent PERKINS, EVELYN Street Address (P.O. Box Number is Not Acceptable) 1636 CHERRY RIDGE DR HEATHROW, FL 32744 Zip Code 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 Rorida. I am familiar with, and accept the obligations of registered ad SIGNATURE In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Due by September 6, 2006 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS RESIDENT/OWNER - Deles TTRE Change Addition nn t NAME ERKINS KANE STREET ACCORPS STREET ACCRESS CTY-51-7# TITLE TTALE Change ☐ Addition NAME NAME STREET ACCRESS STREET AUDICESS CITY - \$7 - 877 CEY-53-79 mu C Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS C67-53-7# CITY ST 79 Πη₹ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-20 CITY-51-20 Change me ☐ Addition BILL Delena STREET ADDRESS STREET ADDRESS CffY-ST-7P CITY-\$1-70 Change Addition TITLE Octob TITLE STREET ACCORESS STREET ADDRESS CRY-ST-7.P C(TY-51-2# 12. Thereby certify that the information supplied with this lifting does not qualify for the exemptions contained in Chapter 119, Florido Statutes. I further certify that the information indicated on this report or supplemental report is true and occurate and that my signature shall have the same legal effect as if made under certify 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 expense in Block 10 or Block 11 if chapted, or on an attachment with an address, with all other like empowered.

FILED



ATTACHMENT

PHILADELPHIA PA 19255-0038

In reply refer to: 0538062778 Mar. 09, 2005 LTR 147C 76-0781643 000000 00 000

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BODC: SB

HOME PERKS INC 1636 CHERRY RIDGE DR HEATHROW FL 32744

Employer Identification Number: 76-0781643

Dear Taxpayer:

We received your request dated Feb. 28, 2005, Form SS-4 Application for Employer Identification Number.

Your Employer Identification Number (EIN) is 76-0781643. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

Your Form SS-4 indicates that your corporation desires to be treated as a Small Business Corporation. We have enclosed a Form 2553 Election by a Small Business Corporation. Please complete, sign, and return the form timely to the appropriate Service Center for consideration. You will receive a notification of the offical determination.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone	Number	()	Hours
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