2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000026528

Entity Name: HOMESTEAD MEDICAL INSTITUTE, INC.

FILED Jan 18, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Julicut i illicipui i luce di Busiliess.	New i interput i luce of Business.

27501 S. DIXIE HWY 2008 N.E. 8TH STREET

SUITE 301 HOMESTEAD, FL 33033 DA NARANJA, FL 33032

Current Mailing Address: New Mailing Address:

27501 S. DIXIE HWY 2008 N.E. 8TH STREET

SUITE 301 HOMESTEAD, FL 33033 DA NARANJA, FL 33032

FEI Number: 20-2415878 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:

HERNANDEZ, JOSE E
27501 S. DIXIE HWY
2008 N.E. 8TH STREET
SUITE 301
NARANJA, FL 33032 US
HERNANDEZ, JOSE E
2008 N.E. 8TH STREET
HOMESTEAD, FL 33033 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: JOSE E HERNANDEZ 01/18/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Delete Title: () Change () Addition

 Name:
 CUBILLAS, MARIA C
 Name:

 Address:
 27501 S. DIXIE HWY, STE. 301
 Address:

 City-St-Zip:
 NARANJA, FL 33032
 City-St-Zip:

 Name:
 HERNANDEZ, JOSE E
 Name:
 HERNANDEZ, JOSE E

 Address:
 27501 S. DIXIE HWY, STE. 301
 Address:
 2008 N.E. 8TH STREET

 City-St-Zip:
 NARANJA, FL 33032
 City-St-Zip:
 HOMESTEAD, FL 33033 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSE E HERNANDEZ P 01/18/2006