FILED
May 25, 2006 8:00 am
Secretary of State

04-26-2006 90194 043 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

4

DOCUMENT # P05000037004

1. Entity Name
THIS IS YOUR HOME CORP.

66017246

04182006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
11404 WARWICK POINTE DRIVE 304 BRANDON, FL 33511	11404 WARWICK POINTE DRIVE 304 BRANDON, FL 33511

2. Principal Place of Business	3. Mailing Address
20361 Chestnut Grove Dr	20361 Chestnut Grove Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33647 Country	Zip: 33647 Country

4. FEI Number: 05-0623431 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAING, TITHDARY S 11404 WARWICK POINTE DRIVE 304 BRANDON, FL 33511	Name Street Address (P.O. Box Number is Not Acceptable) 20361 Chestnut Grove Dr City Tampa FL Zip Code 33647

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 ________________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO SAING, TITHDARY S 11404 WARWICK POINTE DRIVE APT 304 BRANDON, FL 33511	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 20361 Chestnut Grove Dr Tampa, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SAING, AKIKO 11404 WARWICK POINTE DRIVE APT 304 BRANDON, FL 33511	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 20361 Chestnut Grove Dr. Tampa, FL 33647
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] Tithdary S Saing "President 4-19-06 813-846-3378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #