


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90429 027 ***150.00

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|--|--|---|
| DOCUMENT # P05000040866 | |  |
| 1. Entity Name HOMETRADER.COM, INC. | | |

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| Principal Place of Business 12187 BEACH BOULEVARD #10 JACKSONVILLE, FL 32246 | Mailing Address 12187 BEACH BOULEVARD #10 JACKSONVILLE, FL 32246 |
|--|--|

50018293



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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

04022006 Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 20-2521062 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent ASMUS, SHANE D 12187 BEACH BOULEVARD #10 JACKSONVILLE, FL 32246 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

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|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---------------------------------|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| D. ASMUS, SHANE D 12187 BEACH BOULEVARD #10 JACKSONVILLE, FL 32246 | | President [Blank] | |
| D. THMM, DAVID J 12187 BEACH BOULEVARD #10 JACKSONVILLE, FL 32246 | | [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| [Blank] | <input type="checkbox"/> Delete | Treasurer - D Paul G. Miller Jr 12187 Beach Blvd #10 Jacksonville FL 32246 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| [Blank] | <input type="checkbox"/> Delete | V-President Jarek Budzian 12187 Beach Blvd #10 Jacksonville FL 32246 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| [Blank] | <input type="checkbox"/> Delete | [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| [Blank] | <input type="checkbox"/> Delete | [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> 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: Paul G. Miller Jr 4-28-06 904-642-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #