2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000044387

Entity Name: PRELLIE HOME INC.

FILED Feb 15, 2006 Secretary of State

Enuty Nan	ne: PRELLIE HC	INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	LIE STREET VILLE, FL 32210	US				
Current Mailing Address:			New Mailing Address:			
	LIE STREET VILLE, FL 32210	US				
FEI Number:	F	El Number Applied For (X)	FEI Number Not Appl	icable () Certificate	of Status Desired ()	
Name and	Address of Curi	rent Registered Agent:	Name and	Address of New Regis	stered Agent:	
	NENITA LIE STREET VILLE, FL 32210	US				
The above in the State	named entity sub of Florida.	mits this statement for the po	urpose of changing i	ts registered office or req	gistered agent, or both,	
SIGNATUF						
	Electronic	Signature of Registered Age	nt	D	ate	
Election Can	npaign Financing Tr	ust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () Del DEPANO, NENITA 7156 PRELLIE STF JACKSONVILLE, FI	REET	Title: Name: Address: City-St-Zip:	D (X) Change (DEPANO, NENITA 7156 PRELLIE STREET JACKSONVILLE, FL 32210	,	
Title: Name: Address: City-St-Zip:	VP () Del DEPANO, CARLOS 7156 PRELLIE STF JACKSONVILLE, FI	REET	Title: Name: Address: City-St-Zip:	D (X) Change (DEPANO, CARLOS 7156 PRELLIE STREET JACKSONVILLE, FL 32210	,	
Title: Name: Address: City-St-Zip:	() Del	lete	Title: Name: Address: City-St-Zip:	D () Change (X VICENTE, FRALITA C 7156 PRELLIE ST JACKSONVILLE, FL 32210		
Title: Name: Address: City-St-Zip:	() Del	lete	Title: Name: Address: City-St-Zip:	D () Change (X VICENTE, LEONARDO P 7156 PRELLIE ST JACKSONVILLE, FL 32210	,	
Title: Name: Address: City-St-Zip:	() Del	lete	Title: Name: Address: City-St-Zip:	D () Change (X VICENTE, JOYCE ANN 7156 PRELLIE ST JACKSONVILLE, FL 32210		

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: NENITA T. DEPANO D 02/15/2006