2006 FOR PROFIT CORPORATION

Apr 18, 2006 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # P05000045617 1. Entity Name 04-18-2006 90084 018 ***150.00 HOMÉ PROJECT MANAGEMENT CORP. Principal Place of Business Mailing Address 5083 WINDWARD AVE. 5083 WINDWARD AVE. SARASOTA FL 34242 SARASOTA FL 34242 15 PARAdise Plaza # 232 1st MOORE CR2E034 (10/05) SARASOFA APASOT 4. FEI Number City & State Applied For 0506 2094 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 34239 SIRISOTA SMASSTA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Thonse , Will HAWTHORNE, WILLIAM D Street Address (P.O. Box Number is Not Acceptable) 5083 WINDWARD AVE. SARASOTA FL 34242 DONNINGTON COUR 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 reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME HAWTHORNE, WILLIAM D Howthonne, William D. NAME STREET ADDRESS STREET ADDRESS 5083 WINDWARD AVE. SARASOTA FI 34238 CITY-ST-ZIP SARASOTA FL 34242 CITY-ST-ZIP TITLE ☐ Delete □ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

Cellum D How thank 4-6-06

FILED