FEB-15-2006 05:50PM FROM-

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 20, 2006 8:00 am**
**Secretary of State**
02-20-2006 90028 038 ***163.75

**60018687**

DOCUMENT # P05000048621

1. Entity Name
HOMELAND REALTY SERVICES, INC

| Principal Place of Business | Mailing Address |
|---|---|
| 3673 WESTCENTER DRIVE<br>HOUSTON, TX 77042 US | 3673 WESTCENTER DRIVE<br>HOUSTON, TX 77042 US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | 5049 W. OKEECHOBEE BLVD<br>Suite, Apt. #, etc. |
| City & State | City & State: WEST PALM BEACH |
| Zip / Country | Zip: 33417 / Country: US |

02162006 Chg-P CR2E034 (11/05)

4. FEI Number: 25-1914255 ☐ 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 |
|---|---|
| VACCA, KELLIE-ANN<br>1400 MEADOWS BLVD<br>WESTON, FL 33327 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

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

**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 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PTD<br>NGUYEN, HAO D<br>3673 WESTCENTER DR.<br>HOUSTON, TX 77042 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VOD<br>KRISHNA R. KORAPATI<br>5049 W. OKEECHOBEE BLVD.<br>WEST PALM BEACH FL 33417 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VS<br>LE, KATHERINE<br>3673 WESTCENTER DRIVE<br>HOUSTON, TX 77042 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VOD<br>LOPEZ, ISREAL<br>18736 SOUTHWEST 100TH AVE.<br>MIAMI, FL 33157 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| 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:** Krishna R. Korapati KRISHNA R. KORAPATI 02/16/06 (561) 628-7686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #