2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000048621

945 DENNIS AVE

ORLANDO, FL 32807

Address:

City-St-Zip:

Entity Name: HOMELAND REALTY SERVICES, INC

FILED Jan 20, 2009 Secretary of State

Littly Na	ille. HOWEL	AND REALTT SERVICES, INC				
Current Principal Place of Business:			New Principal Place of Business:			
	STCENTER DI N, TX 77042	RIVE US				
Current Mailing Address:			New Mailing Address:			
3063 GOL OVIEDO, F	DSBORO PL FL 32765 l	JS				
FEI Number	: 25-1914255	FEI Number Applied For()	FEI Number Not Applic	cable () Certificate of Status Desired ()		
Name and	Address of	Current Registered Agent:	Name and A	Address of New Registered Agent:		
RAISLER, 3063 GOL OVIEDO, F	DSBORO PL	JS				
	named entity of Florida.	submits this statement for the p	ourpose of changing its	s registered office or registered agent, or both,		
SIGNATUI	RE:					
	Electro	nic Signature of Registered Ag	ent	Date		
Election Car	npaign Financir	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PTD (NGUYEN, HAC 3673 WESTCI HOUSTON, TX	ENTER DR.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VPS (LE, KATHERIN 3673 WESTCI HOUSTON, TX	ENTER DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	RAJRANEE R) Delete DNICA JAIP, ERSHAD 5 AVE, SUITE 311 3614 US	Name: Address:	VP (X) Change () Addition GORDON, ONEAL 3500 N STATE ROAD 7, SUITE 202 LAUDERDALE LAKES, FL 33319 US		
Title: Name:	VP (GONZALEZ, C) Delete ARMEN	Title: Name:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: HAO NGUYEN PRES 01/20/2009