

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000049100

FILED
Apr 06, 2006
Secretary of State

Entity Name: HOMES EQUITY CENTER CORP

Current Principal Place of Business:

15450 NEW BARN RD
105
MIAMI LAKES, FL 33015

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 160516
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 25-1914213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOURRA, ERNEST
15450 NEW BARN RD
105
MIAMI LAKES, FL 33015 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOURRA, CHRISTIAN E
Address: 15450 NEW BARN RD #105
City-St-Zip: MIAMI LAKES, FL 33015

Title: VP () Delete
Name: MOURRA, ANNE V
Address: 15450 NEW BARN RD #105
City-St-Zip: MIAMI LAKES, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MOURRA, CHRISTIAN E
Address: 15450 NEW BARN RD #105
City-St-Zip: MIAMI LAKES, FL 33015

Title: P (X) Change () Addition
Name: MOURRA, ANNE V
Address: 15450 NEW BARN RD #105
City-St-Zip: MIAMI LAKES, FL 33015

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: ANNE VALERIE MOURRA

P

04/06/2006

Electronic Signature of Signing Officer or Director

Date