




2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000053976						<div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 5px;">06 APR 27 AM 11:22</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
1. Entity Name HOME & ACCENT, INC.							
Principal Place of Business 5200 OCHLOCKONEE ROAD TALLAHASSEE, FL 32303		Mailing Address 5200 OCHLOCKONEE ROAD TALLAHASSEE, FL 32303					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04272006 Chg-P CR2E034 (11/05)			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WAITE, VECOUS C. 11546 NW 41ST STREET CORAL SPRINGS, FL 33065				Name <u>Waite Vecous C.</u> Street Address (P.O. Box Number is Not Acceptable) <u>5200 Ochlockonee Rd</u> City <u>Tallahassee</u> FL Zip Code <u>32303</u>			
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) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		700074507557 05/12/06--01008--008 **158.75		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WAITE, VECOUS C. <input type="checkbox"/> Delete 11546 NW 41ST STREET CORAL SPRINGS, FL 33065			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vecous C Waite 5200 Ochlockonee Rd Tallahassee FL 32303		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input type="checkbox"/> Delete WAITE, LORETTA I. 11546 NW 41ST STREET CORAL SPRINGS, FL 33065			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Waite Loretta I. 5200 Ochlockonee Rd Tallahassee FL 32303		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WAITE, COLETTE D. 11546 NW 41ST STREET CORAL SPRINGS, FL 33065			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Waite Colette D. 5200 Ochlockonee Rd Tallahassee FL 32303		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WAITE, CORALETTE D. 11546 NW 41ST STREET CORAL SPRINGS, FL 33065			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Waite Coralette D. 5200 Ochlockonee Rd Tallahassee FL 32303		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WAITE, GEOFFREY C. 11546 NW 41ST STREET CORAL SPRINGS, FL 33065			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Waite Geoffrey C. 5200 Ochlockonee Rd Tallahassee FL 32303		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Vecous Waite</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>4/27/06</u> <small>Date</small>		<u>934 464 5186</u> <small>Daytime Phone #</small>	