

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90119 025 \*\*\*150.00

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1st MOORE

CR2E034 (10/05)

<b>DOCUMENT # P05000061241</b> 1. Entity Name <b>CEU HOME MANAGEMENT SERVICES, INC.</b>					
Principal Place of Business <b>574 NW 45TH WAY DELRAY BEACH FL 33445</b>			Mailing Address <b>574 NW 45TH WAY DELRAY BEACH FL 33445</b>		
2. Principal Place of Business <b>815 W. Boynton Beach Blvd</b> Suite, Apt. #, etc. <b>616g 13-104</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Boynton Beach, FL 33426</b> Zip <b>33426</b>		City & State Country <b>Palm Beach</b>		4. FEI Number <b>16-1725060</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent <b>FRIEDMAN, MARC 8634 NW 59TH PLACE PARKLAND-FL 33067</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when certifying)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	D <input type="checkbox"/> Delete <b>UMILE, CHARLES</b> <b>574 NW 45TH WAY</b> <b>DELRAY BEACH FL 33445</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>UMILE, LAURA</b> <b>574 NW 45TH WAY</b> <b>DELRAY BEACH FL 33445</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/19/06 561 702-5225 <small>Date Daytime Phone #</small>		