## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000121162

Entity Name: HOMEWISE MANAGEMENT COMPANY

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
18302 HIGH SUITE 110 TAMPA, FL		BERVE PKWY				
Current Mailing Address:			New Mailir	New Mailing Address:		
18302 HIGH SUITE 110 TAMPA, FL	HWOODS RES . 33647	BERVE PKWY				
FEI Number:	20-3395152	FEI Number Applied For ( )	FEI Number Not Appli	icable ( )	Certificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent:	
SUITE 110 TAMPA, FL	HWOODS PRE . 33647 US	ESERVE PKWY				
The above in the State		ubmits this statement for the pu	rpose of changing it	s registered	l office or registered agent, or both,	
SIGNATUR	E:					
	Electroni	c Signature of Registered Agen	t		Date	
Election Carr	paign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS: AE				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	AKHTAR, JAMIE	COURT SUITE 700	Title: Name: Address: City-St-Zip:	1	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	HART, TODD	Delete COURT SUITE 700 201	Title: Name: Address: City-St-Zip:	,	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ROSE, WILLIAM	COURT SUITE 700	Title: Name: Address: City-St-Zip:	,	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	HAMMOND, DAL	ODS PRESERVE PKWY STE 110	Title: Name: Address: City-St-Zip:	,	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SPARKES, WILI	ODS PRESERVE PKWY. STE 110	Title: Name: Address: City-St-Zip:	,	()Change ()Addition	
Title: Name: Address: City-St-Zip:	PLANTE, DENNI	ODS PRESERVE PKWY STE 110	Title: Name: Address: City-St-Zip:	JOURNY, TIN	WOODS PRESERVE PKWY STE 110	

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.

SIGNATURE: DIANE FALCONE S 03/24/2009