## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## May 01, 2007 8:00 am Secretary of State 05-01-2007 90039 032 \*\*\*150.00 DOCUMENT # P05000132208 1. Entity Name HOME SWEET HOME CONSTRUCTION INC. գկկյյյսսս Principal Place of Business Mailing Address - 3730 COCONUT CREEK PKWAY 3730 COCONUT CREEK PKWAY SUITE 120 SUITE 120 COCONUT CREEK, FL-33066 COCONUT CREEK, FL 33066 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 04282007 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Number 20-3613549 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PARENTEAU, RICHARD SR Street Address (P.O. Box Number is Not Acceptable) 3730 COCONUT CREEK PKWAY **SUITE 120** COCONUT CREEK, FL 33066 Zip Code City FL 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 age SIGNATURE. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DPS Change TITLE ☐ Delete TITLE ☐ Addition PARENTEAU, RICHARD NAME NAME STREET ADDRESS 79 COVENTRY STREET, SUITE 6 STREET ADDRESS NEWPORT, VT 058552100 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 cath; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED