## 2006 FOR PROFIT CORPORATION

## Apr 27, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P05000132214 04-27-2006 90180 043 \*\*\*150.00 1. Entity Name HOME SWEET HOME SALE INC. Principal Place of Business Mailing Address 40066132 79 COVENTRY STREET **79 COVENTRY STREET** SUITE 6 SUITE 6 NEWPORT, VT 05855-2100 US NEWPORT, VT 05855-2100 US 2. Principal Place of Business 3. Mailing Address 3730 Coconut Creek Pkway Suite Apt. #, etc Suite 120 Suite, Apt. #, etc. 04242006 CR2E034 (11/05) Cha-P City & State City & State 4. FEI Number Applied For Coconut Creek Not Applicable <del>20-3613619</del> Country Zip Country \$8.75 Additional 33066 5. Certificate of Status Desired U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOME SWEET HOME SALE, INC CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET C/O RICHARD PARENTEAU SR TALLAHASSEE, FL 32301 3730 Coconut Creek Pkway City Zip Code 33066 Coconut Creek 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. RICHARD PARENTEAU SR President April 24. 2006 SIGNATURE red apent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition PARENTEAU, RICHARD NAME NAME STREET ADDRESS 79 COVENTRY STREET, SUITE 6 STREET ADDRESS NEWPORT, VT 058552100 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITI F ☐ Change ☐ Addition 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-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 oath; that I am an officer or director of the corporation or the receiver or trusted 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1-800-613-0656

☐ Change

Addition

Daytime Phone #

FILED