## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 01, 2007 8:00 am Secretary of State **DOCUMENT # P05000132214** 05-01-2007 90039 031 \*\*\*150.00 HOME SWEET HOME SALE INC. Principal Place of Business Mailing Address 40095994 3730 COCONUT CREEK PKWAY 3730 COCONUT CREEK PKWAY SUITE 120 SUITE 120 COCONUT CREEK, FL 33066 COCONUT CREEK, FL-2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt. #, etc. 04282007 CR2E034 (12/06) City & State 4. FEI Number Applied For 20-3613619 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 05855 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARENTEAU, RICHARD SR Street Address (P.O. Box Number is Not Acceptable) 3730 COCONUT CREEK PKWAY SUITE 120 COCONUT CREEK, FL 33066 City Zip Code 8. The above named entity subprits tilis 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 ages SIGNATURE. Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 $\Box$ Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPS 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-7IP ☐ Delete TITLE ☐ Chance ☐ Addition TITLE 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 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE Сhалде NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

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

of the corporation or the receiver or trusted changed, or on an attachment with an add