
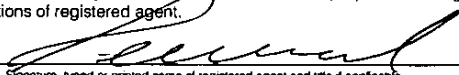
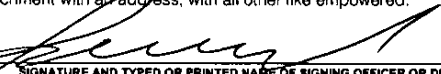


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90180 044 ***150.00

DOCUMENT # P05000132216 1. Entity Name HOME SWEET HOME TEAM INC.					
Principal Place of Business 79 COVENTRY STREET SUITE 6 NEWPORT, VT 05855-2100 US			Mailing Address 79 COVENTRY STREET SUITE 6 NEWPORT, VT 05855-2100 US		
2. Principal Place of Business 3730 Coconut Creek Pkwy Suite, Apt. #, etc. Suite 120 Coconut Creek, FL		3. Mailing Address Suite, Apt. #, etc. City & State Coconut Creek, FL		4. FEI Number 20-3613664	
Zip 33066		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name HOME SWEET HOME TEAM? INC. Street Address (P.O. Box Number is Not Acceptable) C/O RICHARD PARENTEAU SR 3730 Coconut Creek Pkwy, Suite 120 City Coconut Creek FL Zip Code 33066	
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  RICHARD PARENTEAU SR Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) President April 24, 2006 DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 PARENTEAU, RICHARD 79 COVENTRY STREET, SUITE 6 NEWPORT, VT 058552100	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: 			April 24, 2006 1-800-613-0656 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40066131



04242006 Chg-P CR2E034 (11/05)