


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State


05-01-2007 90039 030 ***150.00

DOCUMENT # P05000132216		
1. Entity Name HOME SWEET HOME TEAM INC.		

Principal Place of Business 3730 COCONUT CREEK PKWAY SUITE 120 COCONUT CREEK, FL 33066 US	Mailing Address 3730 COCONUT CREEK PKWAY SUITE 120 COCONUT CREEK, FL 33066 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address 79 Coventry St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #6	
City & State		City & State Newport VT	
Zip 05855	Country USA		

40095995

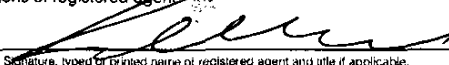


04282007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3613664	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PARENTEAU, RICHARD SR 3730 COCONUT CREEK PKWAY SUITE 120 COCONUT CREEK, FL 33066		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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** DATE **April 27, 2007**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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
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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:  **Richard Parenteau Sr** DATE **April 27, 2007** 1-800-613-0656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR