


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-27-2006 90180 042 ***150.00

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| DOCUMENT # P05000134906 |  |
| 1. Entity Name HOME SWEET HOME IMPORTS INC. | |

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| 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 |
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| 2. Principal Place of Business 3730 Coconut Creek Pkway Suite, Apt. #, etc. Suite 120 | 3. Mailing Address Suite, Apt. #, etc. |
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| City & State Coconut Creek, FL | City & State |
| Zip 33066 | Country U.S.A. |

40066133



04242006 Chg-P CR2E034 (11/05)

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| 4. FEI Number 20-3613500 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 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 IMPORTS, INC. Street Address (P.O. Box Number is Not Acceptable) C/O RICHARD PARENTEAU SR 3730 Coconut Creek Pkway, Suite 120 City Coconut Creek FL Zip Code 33066 |
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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** **President** **April 24, 2006**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

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| 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 |
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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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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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #