2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000147923

Name:

Address:

City-St-Zip:

FILED Aug 15, 2006 Secretary of State

Entity Nan	ne: HOME EG	UITY VESTORS, INC.						
Current Principal Place of Business:				New Principal Place of Business:				
1013 LUCE SUITE 10 LAKE WOF	RNE AVE RTH, FL 33460)						
Current Mailing Address:				New Mailing Address:				
PO BOX 21 ROYAL PA	2251 LM BEACH, Fl	_ 33421						
FEI Number:	20-3732382	FEI Number Applied For ()	FEI Numb	er Not Appl	icable ()	Certificate o	of Status Desired	()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
GARCON, MARC 1013 LUCERNE AVE SUITE 10 LAKE WORTH, FL 33460 US				GARCON, MARC 1013 LUCERNE AVE SUITE 9 LAKE WORTH, FL 33460 US				
The above in the State		ubmits this statement for the p	ourpose of o	changing it	s register	ed office or regi	istered agent, o	r both,
SIGNATURE: MARC GARCON						08/1	5/2006	
	Electroni	c Signature of Registered Age	ent			Da	te	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the	prior notice	е.			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () GARCON, MARC 1013 LUCERNE LAKE WORTH, I	AVE., SUITE 10	N A	itle: lame: ddress: ity-St-Zip:		() Change ()	Addition	
Title: Name: Address: City-St-Zip:	TRES () GARCON, MARC 1013 LUCERNE LAKE WORTH, I	AVE., SUITE 10	N A	itle: lame: ddress: ity-St-Zip:		() Change ()	Addition	
Title: Name: Address: City-St-Zip:	SECY () GARCON, MARC 1013 LUCERNE LAKE WORTH, I	AVE., SUITE 10	N A	itle: lame: ddress: ity-St-Zip:		() Change ()	Addition	
Title.	()	Delete	т	itle.	V/P	() Change (X)	Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

LAHENS, AUGÚINE

1013 LUCERNE AVE STE 9

LAKE WORTH, FL 33460

SIGNATURE: MARC GARCON Ρ 08/15/2006