

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000065962

Entity Name: HOME ALTERNATIVES, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

7903 TIMBERLANE WEST DRIVE
TAMPA, FL 336151671

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 260713
TAMPA, FL 336850713

New Mailing Address:

FEI Number: 26-3840032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANTOS, MANUEL IV
7903 TIMBERLANE WEST DRIVE
TAMPA, FL 336151671 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SANTOS, MANUEL IV
Address: 7903 TIMBERLANE WEST DRIVE
City-St-Zip: TAMPA, FL 33615

Title: V () Delete
Name: ROMAN, LISA MARIE
Address: 7903 TIMBERLANE WEST DRIVE
City-St-Zip: TAMPA, FL 33615

Title: T () Delete
Name: ROSADO, MILAGROS RIOS
Address: 7903 TIMBERLANE WEST DRIVE
City-St-Zip: TAMPA, FL 33615

Title: S () Delete
Name: RUDOLPH, MARY
Address: 7903 TIMBERLANE WEST DRIVE
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: RIOS-ROSADO, MILAGROS
Address: 7903 TIMBERLANE WEST DRIVE
City-St-Zip: TAMPA, FL 33615

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: MANUEL SANTOS IV

PD

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date