2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# P94000093283

Entity Name: HOME CONSTRUCTION INVESTMENT CORPORATION

Current Principal Place of Business:

18425 NW 2ND AVENUE
SUITE 350
MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

2200 CORPORATE BLVD. N.W.
SUITE 401
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 65-0554503 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HCRM CORP.
2200 CORPORATE BLVD. N.W.
SUITE 401
BOCA RATON, FL 33431 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: P ( ) Delete
Name: DUPREY, LAWRENCE A
Address: 29 ST. VINCENT ST
City-St-Zip: PORT OF SPAIN, TR

Title: VP ( ) Delete
Name: FIFI, MICHAEL A
Address: #1 BERGERAC HEIGHTS
City-St-Zip: MARAVAL, TR

Title: S ( ) Delete
Name: DUPREY, LAWRENCE A
Address: 29 ST VINCENT ST
City-St-Zip: PORT OF SPAIN, TR

Title: AS ( ) Delete
Name: FIFI, MICHAEL A
Address: #1 BERGERAC HEIGHTS
City-St-Zip: MARAVAL, TR

Title: T ( ) Delete
Name: FIFI, MICHAEL A
Address: #1 BERGERAC HEIGHTS
City-St-Zip: MARAVAL, TR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: FIFI, MICHAEL A
Address: LONG CIRCULAR ROAD
City-St-Zip: ST. JAMES, TR

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

Title: AS (X) Change ( ) Addition
Name: FIFI, MICHAEL A
Address: LONG CIRCULAR ROAD
City-St-Zip: MST. JAMES, TR

Title: T (X) Change ( ) Addition
Name: FIFI, MICHAEL A
Address: LONG CIRCULAR ROAD
City-St-Zip: ST. JAMES, TR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL A. FIFI VP 04/25/2005

Electronic Signature of Signing Officer or Director — Date