
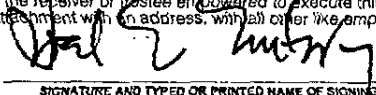


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000004197		
1. Entity Name HOMETOWN NEIGHBORHOODS, INC.		
Principal Place of Business 1405 PARK AVE SUITE 101 FERNANDINA BEACH, FL 32034		Mailing Address P.O. BOX 401 FERNANDINA BEACH, FL 32035
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent EMBRY, JOEL E 1812 HIGHLAND DRIVE FERNANDINA BEACH, FL 32034		<div>01252008 No Chg-P CR2E034 (11/05)</div> <div>4. FEI Number 59-3297818 Applied For Not Applicable</div> <div>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div>
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small> DATE _____		
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
10. OFFICERS AND DIRECTORS		<div>000000447014 03/08/06-80036-003 150.00</div> <div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>
TITLE	P	
NAME	EMBRY, JOEL E	
STREET ADDRESS	1812 HIGHLAND DRIVE	
CITY- ST- ZIP	FERNANDINA BEACH, FL 32034	
TITLE	S	
NAME	EMBRY, MARY	
STREET ADDRESS	1812 HIGHLAND DRIVE	
CITY- ST- ZIP	FERNANDINA BEACH, FL 32034	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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:  JOEL E. Embry 2/21/06 904-261-8300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		