2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004
Secretary of State

DOCUMENT# P95000067137

Entity Name: INTERNATIONAL HOME BUSINESS ASSOCIATION, INC.

Current Principal Place of Business:

8557 KING STREET
SEMINOLE, FL 34642

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 3570
SEMINOLE, FL 33775

New Mailing Address:

FEI Number: 65-0604155 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, MARY C
8557 KING STREET
SEMINOLE, FL 34642 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: MARTIN, MARY C
Address: 8557 KING STREET
City-St-Zip: SEMINOLE, FL 34642

Title: ST ( ) Delete
Name: MARTIN, MARY I
Address: 8557 KING STREET
City-St-Zip: SEMINOLE, FL 34642

Title: V ( ) Delete
Name: MARTIN, JOSEPH J JR
Address: 8557 KING ST
City-St-Zip: SEMINOLE, FL 33772

Title: V ( ) Delete
Name: MARTIN, JOSEPH J
Address: 8557 KING ST
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: MARY C. MARTIN PD 04/21/2004

Electronic Signature of Signing Officer or Director Date