2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 AM Secretary of State

TITLE NAME STREET ADDRESS	DOCUMENT # P96000030747 1. Entity Name HOME BUYERS DEPOT, INC.					Secretary	y of State	
DO NOT WRITE IN THIS SPACE A FEI Number S9-3371095 No Chg-P CR2E034 (11/05)	5021 HWY 1	7-92	P.O. BOX 181309	 US				
MATHERS, MARILYN 5021 HIGHWAY 17-92 CASSELBERRY, FL 32707 6. 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 delignations of registered agent, or both, in the State of Florida. I am familiar with, and accept the delignations of registered agent. SIGNATURE Double, hydred a private rame of indifficult agent and the floridation. POTE Reported Applications remarks down reference. POTE Reported Applications remarks and provided remarks and remarks and remarks remarks and remarks and remarks remarks and remarks remarks and remarks remarks and remarks remarks remarks and remarks					03302006 No 4. FEI Number 59-3371095	Chg-P CR	2E034 (11/05) Applied For Not Applicable \$8.75 Additional	
SIGNATURE Signature Signa	5021 HIGH	, MARILYN HWAY 17-92						
10. OFFICERS AND DIRECTORS TITLE MARK MATHERS, MARILYN MATHERS, MARILYN STRETADORSS 5021 HWY 17-92 CITY-51-20* CASSELBERRY, FL 32707 TITLE MAKE SIGET ADDRESS CITY-51-20* DO NOT WRITE IN THIS SPACE STRETA ADDRESS CITY-51-20* UTILE MAKE STRETA ADDRESS CITY-51-20* ITILE MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAK	the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and into 6 applicable (NOTE Registered Agent signature required when revietations) PILE NOWILI FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be							
TITLE MANT MATHERS, MARILYN SO21 HWY 17-92 CASSELBERRY, FL 32707 TITLE MARE SIRECT ACCRESS CITY-ST-2IP TITLE MARE STREET ACCRESS CITY-ST-2IP TITLE TITLE MARE STREET ACCRESS CITY-ST-2IP TITLE TITLE TITLE TITLE TITLE MARE STREET ACCRESS CITY-ST-2IP TITLE TI			<u></u>			_ _		
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INTLE NAME STREET ADDRESS CITY-ST-ZIP INTLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 chever or to state empowered to exercise the Chapter STREET County STREET COURTS.	name Street Address City-St-Zip Title Name						}	
STREET ADDRESS CITY-ST-ZTP 12. I hereby certify that the information supplied with this filling 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 relevent or takes emphysions are property to recruit his required by Chapter 607. Florida Statutes, and that my perse appears in Block 10 or Block 1	TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE	,						
	STREET ADDRESS CITY-ST-ZIP 12. I hereby condicated of the corr	on this report or supplemental report is to possition or the renewer or trustee empower	ue and accurate and that my sign:	xemptions contained ature shall have the s ired by Chapter 607	in Chapter 119, Florid, same legat effect as if n , Florida Statutes; and t	a Statutes, I lurther of the lunder outly in a statutes, I lurther outly in a statute appearance ap	certify that the information It am an officer or director is in Block 10 or Block 11 if	

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