


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90110 050 ***158.75

DOCUMENT # P97000019887

1. Entity Name
 ISSA HOMES, INC.



Principal Place of Business 950 CELEBRATION BLVD, STE F KISSIMMEE, FL 34747	Mailing Address 950 CELEBRATION BLVD SUITE F CELEBRATION, FL 34747
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DO NOT WRITE IN THIS SPACE



02212006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0732319	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WHEELER, JAMES J ESQ
 7777 GLADES ROAD
 SUITE 300
 BOCA RATON, FL 33434

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ISSA, FRANCIS J 950 CELEBRATION BLVD, STE F CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTS HEMPEL, DONALD E 950 CELEBRATION BLVD, STE F CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MARCHELL, JEFFREY F 950 CELEBRATION BLVD, STE F CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS COSTELLO, FRED D 950 CELEBRATION BLVD, STE F CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **Jeffrey F. Marchell** 03-01-06 407 566-4772
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #