


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90153 025 \*\*\*150.00

<b>DOCUMENT # P97000060028</b>					
1. Entity Name <b>ALTERNATIVE HOMEMAKING WITH A HEART OF NAPLES, INC.</b>					
Principal Place of Business <b>2663 AIRPORT RD SOUTH STE D-108 NAPLES FL 34112 US</b>			Mailing Address <b>2663 AIRPORT RD SOUTH STE D-108 NAPLES FL 34112 US</b>		
2. Principal Place of Business <b>28393 LAS PALMAS CIRCLE</b>			3. Mailing Address <b>28393 LAS PALMAS CIRCLE</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>BONITA SPRINGS, FL</b>			City & State <b>BONITA SPRINGS, FL</b>		
Zip <b>34135</b>	Country <b>USA</b>	Zip <b>34135</b>	Country <b>USA</b>	4. FEI Number <b>59-3459335</b> <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>MILLMAN, TINA K 28393 LAS PALMAS CIRCLE BONITA SPRINGS FL 34135</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 <u><i>Tina K. Millman</i></u> DATE <u><i>4-18-06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MILLMAN, PHILLIP A 28393 LAS PALMAS CIRCLE BONITA SPRINGS FL 34135</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MILLMAN, TINA K 28393 LAS PALMAS CIRCLE BONITA SPRINGS FL 34135</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Tina K. Millman* *4-18-06*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #