


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000067003 1. Entity Name V & A HOME INVESTORS, INC.	
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FILED
 04 OCT 15 AM 11:36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business 27 YORK COURT KISSIMMEE, FL 34758	Mailing Address 27 YORK COURT KISSIMMEE, FL 34758
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3473235	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VELAZQUEZ, RAMON L 1925 BEN HOGAN CR. ORLANDO, FL 32808
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7. Name and Address of New Registered Agent Name VELAZQUEZ, RAMON L. Street Address (P.O. Box Number is Not Acceptable) 27 YORK CT. City KISSIMMEE FL Zip Code 34758

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 _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		Delete
TITLE	D VELAZQUEZ, RAMON L	<input type="checkbox"/>
NAME	1925 BEN HOGAN CR.	
STREET ADDRESS	ORLANDO, FL 32808	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/>
NAME	ALSINA, VICTOR A	
STREET ADDRESS	2323 ROYAL OAKS BLVD.	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		Change	Addition
TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	27 YORK CT		
STREET ADDRESS	KISSIMMEE FL 34758		
CITY-ST-ZIP			
TITLE	P; V; S; T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	RAMON L. VELAZQUEZ		
STREET ADDRESS	27 YORK CT.		
CITY-ST-ZIP	KISSIMMEE FL 34758		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME	100041909701		
STREET ADDRESS	10/15/04--01104--010		
CITY-ST-ZIP	**61.25		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Ramon L. Velazquez OCT-10-2004 407-870-9358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #