2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000072732

1. Entity Name SUSIE'S HOMEMAKERS, INC.



FILED Mar 08, 2006 08:00 AM Secretary of State

Principal Place of Business

544 WALKER AVE GREENACRES, FL 33463 Mailing Address

544 WALKER AVE GREENACRES, FL 33463



01112006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0776689

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6 Name and Address of Current Registered Agent

of the sea Appress of Option (10 Blatelett Agent					
MACHIELA, STEVEN H 6801 LAKE WORTH RD, SUITE 124 LAKE WORTH, FL 33467			DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for the pilons of registered agent.	urpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when remarking) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financi Trust Fund Contribution.	ng 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE MAME STREET ADDRESS City-ST-Zip	P MEYER, SUSAN 544 WALKER AVE GREENACRES, FL 33483	·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000459098 03/18/06-80014-013 150 .00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
title Name Street Address City-St-Jp				IN ⁻	THIS SPACE
TITLE MAME STREET ADDRESS CITY-ST-ZIP					
TITCE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated of the corporated	certify that the information supplied with this fit on this report or supplemental report is true a poration or the receiver or trustee empowers or one appropriate and these with all	ling does not qualify for the exect and accurate and that my signature of execute this report as required	ptions cor e shall hav d by Chap	ntained in Chapter 115 the same legal effecter 607, Florida Statute	9. Florida Statutes. I lumber certify that the information of as if made under oath; that I am an officer or director as; and that my name appears in Block 10 or Block 11 if

AIGNATURE AND TYPED OR PRINTED NAME OF CIGNING OFFICER OR DIRECTOR

Susan Meger