2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000100848

1. Entity Name
HOME SALES, INC.

Principal Place of Business	Mailing Address
8900 SW 117TH AVE STE B-104 MIAMI, FL 33186	8900 SW 117TH AVE STE B-104 MIAMI, FL 33186

2. Principal Place of Business	3. Mailing Address
7374 SW 93 Ave	7374 SW 93 Ave
Suite, Apt. #, etc. 201	Suite, Apt. #, etc. 201
City & State Miami, Fl	City & State Miami, Fl
Zip 33173 Country USA	Zip 33173 Country USA

01112006   Chg-P   CR2E034 (11/05)

4. FEI Number 65-0797501	Applied For / Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALMEIDA, RODNEY SW 117TH AVE STE B-104 MIAMI, FL 33186	Name Rodney Almeida Street Address (P.O. Box Number is Not Acceptable) 7374 SW 93 Ave # 201 City Miami FL Zip Code 33173

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 _____   DATE 1/11/06

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PVST NAME ALMEIDA, RODNEY STREET ADDRESS 8900 SW 117TH AVE STEB-104 CITY-ST-ZIP MIAMI, FL 33186	☐ Delete	TITLE PVST NAME Almeida, Rodney STREET ADDRESS 7374 SW 93 Ave #201 CITY-ST-ZIP Miami, Fl 33173	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____   Date 1/11/06   Daytime Phone # (305) 596-0040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR