2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005
Secretary of State

DOCUMENT# P98000057455

Entity Name: HOME DESIGNERS, INC.

Current Principal Place of Business:

580 CAPE COD LANE SUITE 9
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

580 CAPE COD LANE SUITE 9
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3537987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZIRKEL, JAMES E
219 MONTEGO INLET BLVD.
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ZIRKEL, JAMES E
Address: 219 MONTEGO INLET BLVD.
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete
Name: ZIRKEL, JANICE
Address: 219 MONTEGO INLET BLVD.
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Delete
Name: CAPARROS, VIRGINIA
Address: 321 MISTY OAKS RUN
City-St-Zip: CASSELBERRY, FL 32707

Title: D (X) Delete
Name: MORELLO, JOSEPH
Address: 5749 FIVE FLAGS BLVD # 2051
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E. ZIRKEL CEO 04/04/2005

Electronic Signature of Signing Officer or Director Date