

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000065925

FILED  
May 07, 2007  
Secretary of State

Entity Name: HOME TEAM INVESTMENTS, INC.

## Current Principal Place of Business:

PO BOX 610564  
N MIAMI, FL 33261 US

## New Principal Place of Business:

5841 CORPORATE WAY  
103  
WEST PALM BEACH, FL 33401 US

## Current Mailing Address:

PO BOX 610564  
N MIAMI, FL 33261 US

## New Mailing Address:

FEI Number: 65-0874520      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST.  
STE. 1  
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CASTILLO, NILDA M  
Address: PO BOX 610564  
City-St-Zip: N MIAMI, FL 33261

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NILDA M. CASTILLO

D

05/07/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date