2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000041787

1. Entity Name

HOMEFINDER MAGAZINE, INC.



FILED Jan 29, 2007 08:00 AM **Secretary of State**

Principal Place of Business

PO BOX 8054

CLEARWATER, FL 33758

Mailing Address

PO BOX 8054

CLEARWATER, FL 33758



01182007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3577571 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

2080 ENVOY COURT CLEARWATER, FL 33764			IN THIS SPACE			
the obligati	named entity submits this statement for the plons of registered agent.	urpose of changing its registered	d office or registered ager	nt, or both, in the State	e of Florida. I am familiar with, and	accept
SIGNATURE_	Signature, typed or printed name of registered agent and title it	fapplicable (NOTE Registered	Agent signature required when retra	stating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing \$5.00 Ma			-
10.	OFFICERS AND DIREC					
HILE NAME STRLEH ADDRESS CITY-SI-ZIP	D KULAGA, WILLIAM PO BOX 8054 CLEARWATER, FL 33758			02.	U00000609104 /01/07-80037-003	150.Q
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY - ST - ZIP				тои ос	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby	certify that the information supplied with this fi	ling does not qualify for the exe	mptions contained in Cha	pter 119, Florida Stat	tutes. I further certify that the Infor	mation

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #