

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90216 035 ***150.00

DOCUMENT # P99000085338					
1. Entity Name USHOMETRADER, INC.					
Principal Place of Business 1476 MARKET CIRCLE UNIT 1 PORT CHARLOTTE, FL 33953			Mailing Address 1476 MARKET CIRCLE UNIT 1 PORT CHARLOTTE, FL 33953		
2. Principal Place of Business 20 W. WENTWORTH ST. Suite, Apt. #, etc.		3. Mailing Address 20 W. WENTWORTH ST. Suite, Apt. #, etc.			
City & State ENGLEWOOD, FL Zip: 34223 Country: US		City & State ENGLEWOOD, FL Zip: 34223 Country: US		4. FEI Number 65-0951181	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent LAMBRECHT, WILLIAM G 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ State: FL Zip Code: _____		
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: P NAME: WHEELER JR, RUDOLPH E STREET ADDRESS: 1487 TINAMOU RD CITY-ST-ZIP: VENICE, FL 34293	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: ST NAME: WHEELER, CYNTHIA R STREET ADDRESS: 1487 TINAMOU RD CITY-ST-ZIP: VENICE, FL 34293	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Cynthia Wheeler</i> Sec/TREAS 4/21/04 941-474-5011 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					