


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # P990000085338 1. Entity Name USHOMETRADER, INC.	
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Principal Place of Business 20 W. WENTWORTH ST. ENGLEWOOD, FL 34223	Mailing Address 20 W. WENTWORTH ST. UNIT 1 ENGLEWOOD, FL 34223
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04262006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0951181

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LAMBRECHT, WILLIAM G 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHEELER JR, RUDOLPH E 1487 TINAMOU RD VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WHEELER, CYNTHIA R 1487 TINAMOU RD VENICE, FL 34293
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**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Ssc/TPR84-2606 941-473-1911**
Date Daytime Phone #