


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90292 019 \*\*\*150.00

<b>DOCUMENT # P99000090580</b> 1. Entity Name <b>ALL EYES HOME MANAGEMENT, INC.</b>					
Principal Place of Business <b>7512 SOUTH LEEWYNN DR SARASOTA, FL 34240-9658</b>			Mailing Address <b>5900 SOUTH TAMiami TRAIL SUITE I SARASOTA, FL 34231</b>		
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 19319</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>SARASOTA, FL</b>		4. FEI Number <b>65-0952642</b>	
Zip		Zip <b>34276</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>TRACY, CATHERINE L 5900 SOUTH TAMiami TRAIL SUITE I SARASOTA, FL 34231</b>				7. Name and Address of New Registered Agent Name <b>TRACY, CATHERINE L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2058 Constitution Blvd</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34231</b>	
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 <u><i>Catherine L. Tracy</i></u> DATE <u>4-21-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST FONG, KATHLEEN M 7512 SOUTH LEEWYNN DR SARASOTA, FL 342409658	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FONG, ROBERT T 7512 SOUTH LEEWYNN DR SARASOTA, FL 342409658	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u><i>Kathleen Fong - Kathleen Fong</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/21/05</u> 941-378-8669 <small>Date Daytime Phone #</small>		