2006 FOR PROFIT CORPORATION

changed, or on an attachment

SIGNATURE AND TYPED OR PRINTED NAME OF BIOMING OFFICER OR DIRECTOR

SIGNATURE: 2

Aug 29, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P02000067632** 08-29-2006 90003 006 ***150.00 PRECIOUS HOME DEVELOPMENT CORP. Principal Place of Business Mailing Address P. O. BOX 161890 P. O. BOX 161890 MIAMI, FL 33116 MIAMI, FL 33116 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07272006 Chg-P CR2E034 (11/05) Applied For 4. FEI Number City & State City & State 13-4206545 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEIJAS, VICTOR F JR. Street Address (P.O. Box Number is Not Acceptable) 255 ALHAMBRA CIR., SUITE 425 CORAL GABLES, FL 33134 Zip Code FL. 8. The above named entity submits or 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 as , typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition ☐ Delete TITLE TITLE SEITAS, VICTOR F JR NAME NAME 255 ALHAMBRA CIR, SUITE 425 STREET ADORESS STREET ADORESS CORAL GABLES, FL 33134 City-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE MALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not quality 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 it made under oath; that I am an officer or director of the corporation or the receiver or distere empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Date

Daytime Phone #