

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Apr 20, 2005
Secretary of State**

DOCUMENT# P02000128866

Entity Name: ABC CUSTOM HOMES, INC.

Current Principal Place of Business:

1504 OLD MOODY BLVD.
BUNNELL, FL 32110

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 352383
PALM COAST, FL 32135

New Mailing Address:

FEI Number: 43-1997798 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMARAL, JOHN
P.O. BOX 352383
PALM COAST, FL 32135 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AMARAL, JOHN
Address: P.O. BOX 352383
City-St-Zip: PALM COAST, FL 32135

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: AMARAL, NICOLE
Address: P.O. BOX 352383
City-St-Zip: PALM COAST, FL 32135 US

Title: VP () Change (X) Addition
Name: AMARAL, ANTONIO
Address: 26-A LINDSAY DR.
City-St-Zip: PALM COAST, FL 32137 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN AMARAL

P

04/20/2005

Electronic Signature of Signing Officer or Director

_____ Date