2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000145512

Entity Name: CFL HOMES, P.A.

FILED Jul 22, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

8412 VIA BELLA NOTTE 8412 VIA BELLA NOTTE ORLANDO, FL 32836 ORLANDO, FL 328367706 US

Current Mailing Address: New Mailing Address:

8412 VIA BELLA NOTTE 8412 VIA BELLA NOTTE ORLANDO, FL 32836 ORLANDO, FL 328367706 US

FEI Number: 20-1824773 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AM&E SERVICES LLC LEIBOLD, GLENN W 801 NORTH MAGNOLIA AVENUE SUITE 201 8412 VIA BELLA NOTTE ORLANDO, FL 32803 ORLANDO, FL 328367706 US

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: GLENN W LEIBOLD 07/22/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

() Delete Title: (X) Change () Addition

Title: LEIBOLD, GLENN W LEIBOLD, GLENN W Name: Name: 8412 VIA BELLA NOTTE 8412 VIA BELLA NOTTE Address: Address: City-St-Zip: ORLANDO, FL 32836 City-St-Zip: ORLANDO, FL 328367706 US

Title: Title: (X) Change () Addition () Delete

Name: LEIBOLD, TATIANA B Name: LEIBOLD, TATIANA B 8412 VIA BELLA NOTTE Address: 8412 VIA BELLA NOTTE Address: ORLANDO, FL 32836 ORLANDO, FL 328367706 US City-St-Zip: City-St-Zip:

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: GLENN W LEIBOLD 07/22/2005 D