## FILED **2008 FOR PROFIT CORPORATION** Apr 29, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P95000045344 1. Entity Name TRENDEX HOMES AT HARBOUR POINTE, INC. Principal Place of Business Mailing Address 2523 BURNS ROAD 2523 BURNS ROAD PALM BEACH GARDENS, FL. 33410 PALM BEACH GARDENS, FL 33410 02182008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0598183 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DIVOSTA, GUY M DO NOT WRITE 2523 BURNS ROAD PALM BEACH GARDENS, FL 33410 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be V00000931345 FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME DIVOSTA, GUY M 2523 BURNS ROAD STREET ADDRESS PALM BEACH GARDENS, FL 33410 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing goes no 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empo changed, or on an attachment with an agrices, w

SIGNATURE:

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR