

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90105 006 \*\*\*150.00

<b>DOCUMENT # 213095</b> 1. Entity Name <b>MID-STATE HOMES, INC.</b>					
Principal Place of Business <b>4211 W. BOY SCOUT BLVD. SUITE 1000 TAMPA, FL 33607</b>			Mailing Address <b>4211 W. BOY SCOUT BLVD. SUITE 1000 TAMPA, FL 33607</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-0945134</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 SO. PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	<b>VT</b> <b>DEARDEN, MILES C III</b> <b>4211 W BOY SCOUT BLVD</b> <b>TAMPA, FL 33607</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PATRICK, VICTOR P</b> <b>4211 W BOY SCOUT BLVD</b> <b>TAMPA, FL 33607</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>EISCH, CYNTHIA B</b> <b>4211 W. BOY SCOUT BLVD. STE 1000</b> <b>TAMPA, FL 33607</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>OHRT, WILLIAM F</b> <b>4211 W. BOY SCOUT BLVD. STE 1000</b> <b>TAMPA, FL 33607</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>TROY, JOSEPH J</b> <b>4211 W BOY SCOUT BLVD</b> <b>TAMPA, FL 33607</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>CAUTHEN, CHARLES E</b> <b>4211 W BOY SCOUT BLVD</b> <b>TAMPA, FL 33607</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not 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 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.					
<b>MID-STATE HOMES, INC.</b> SIGNATURE: <i>Cynthia B. Eisch</i> Assistant Treasurer 2/15/2006 813-871-4066 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					