


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90307 040 \*\*\*150.00

<b>DOCUMENT # 220285</b> 1. Entity Name <b>PASADENA HOMES, INC.</b>	
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Principal Place of Business 1000 NORTH HIATUS ROAD SUITE #100 PEMBROKE PINES, FL 33084 US	Mailing Address 1000 NORTH HIATUS ROAD SUITE #100 PEMBROKE PINES, FL 33084 US
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**50019485**

2. Principal Place of Business <b>400 N. PINE ISLAND RD</b> Suite, Apt. #, etc. <b>300</b>	3. Mailing Address <b>400 N. PINE ISLAND RD</b> Suite, Apt. #, etc. <b>300</b>
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04172006 Chg-P CR2E034 (11/05)

City & State <b>PLANTATION, FL</b>	City & State <b>PLANTATION, FL</b>
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Zip <b>33324</b>	Country <b>U.S.A</b>	Zip <b>33324</b>	Country <b>U.S.A</b>
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4. FEI Number <b>59-0866734</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BERGER, ADOLPH J.</b> <b>1000 N HIATUS ROAD</b> <b>PEMBROKE PINES, FL 33026</b>	
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7. Name and Address of New Registered Agent Name <b>BERGER, ADOLPH J</b> Street Address (P.O. Box Number is Not Acceptable) <b>400 N. PINE ISLAND RD SUITE 300</b> City <b>PLANTATION</b> FL Zip Code <b>33324</b>	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MILLER, LEONARD 23 INDIAN CREEK DRIVE MIAMI, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MILLER, LEONARD 400 N. PINE ISLAND RD SUITE 300 PLANTATION, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERGER, HELENE (ASST) 3 GROVE ISLAND DR.#801 MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BERGER, HELENE (ASST) 400 N. PINE ISLAND RD PLANTATION, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERGER, ADOLPH J 3 GROVE ISLAND DR.#801 MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERGER, ADOLPH J 400 N. PINE ISLAND RD SUITE 300 PLANTATION, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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.

SIGNATURE: Leonard Miller **4/26/06 934 431-6100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**LEONARD MILLER VICE PRESIDENT**