2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# 410403

Entity Name: MOBILE HOME CITY, INC.

Current Principal Place of Business:

101 MIRACLE STRIP PKWY.
P. O.BOX 15150
PENSACOLA, FL 32514

New Principal Place of Business:

101 W MIRACLE STRIP PKWY.
MARY ESTHER, FL 32569

Current Mailing Address:

101 MIRACLE STRIP PKWY.
P. O.BOX 15150
PENSACOLA, FL 32514

New Mailing Address:

101 W MIRACLE STRIP PKWY.
MARY ESTHER, FL 32569

FEI Number: 59-1425666 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOLES, MICHAEL J
207 W MIRACLE ST PKWY
CONDO G301
MARY ESTHER, FL 32569 US

Name and Address of New Registered Agent:

BOLES, MICHAEL J
2209 ANDORRA STREET
NAVARRE, FL 32566 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: _____ 04/23/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BOLES, MICHAEL J
Address: 2209 ANDORRA ST
City-St-Zip: NAVARRE, FL 32566

Title: VP ( ) Delete
Name: BOLES,ELIZABETH ANN,
Address: 430 YORK ST
City-St-Zip: GULF BREEZE, FL

Title: ST (X) Delete
Name: WOODALL, JACQUELINE
Address: 701 ESSEZ RD
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHAEL J BOLES P 04/23/2008
Electronic Signature of Signing Officer or Director — Date