2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 580989

Title:

Name:

Address:

City-St-Zip:

FILED Apr 29, 2005 Secretary of State

D 0 0 0 1V1				ocorciary or oracc	
Entity Nan	ne: EAST VEN	IICE HOMES, INC.			
Current Pr	incipal Place	of Business:	New Principal Place	of Business:	
315 58TH S		14.7			
HOLINES E	BEACH, FL 342	217			
Current Ma	ailing Address	s:	New Mailing Addres	New Mailing Address:	
P.O. BOX 5 SARASOTA	5027 A, FL 34277	US			
FEI Number:	59-1878286	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
KROKROSI 315 58TH S			KROKR0SKIA, JULIE 315 58TH ST		
STE I HOLMES BEACH, FL 34217 US			STE E HOLMES BEACH, FL	HOLMES BEACH, FL 34217 US	
The above in the State		ubmits this statement for the pu	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	E: JULIE KRO	OKROSKIA		04/29/2005	
Electronic Signature of Registered Agent			nt	Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS	AND DIRECT	ORS:	ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PDST () PRINE, ROBERT PO BOX 5027 SARASOTA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () PRINE, ROBERT 6910 22ND ST. N BRADENTON, FI	WEST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () PRINE, BARBAR PO BOX 5027 N SARASOTA, FL	/A	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT E PRINE P 04/29/2005

() Delete

() Change (X) Addition

PERRY, EDWARD

1795 WALDEN COURT

ENGLEWOOD, FL 34224