2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SUSAN M NISLEY

Secretary of State 03-14-2005 90117 036 ***150.00 **DOCUMENT # 582687** 1. Entity Name NISLEY HOMES, INC. Principal Place of Business Mailing Address 50026364 2881 SARASOTA GOLF CLUB BLVD 2881 SARASOTA GOLF CLUB BLVD SARASOTA, FL 34240-9098 US SARASOTA, FL 34240-9098 US 2. Principal Place of Business 3. Mailing Address 2881 MIRA LODA DRIVE 2881 MIRA LODA DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc 02182005 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For FL SARAS OTA FL SÁRAS OTTA 59-1851677 Not Applicable Country SARASOTA \$8.75 Additional 5. Certificate of Status Desired SARASOM Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NISLEY, SUSAN M. Street Address (P.O. Box Number is Not Acceptable) 2881 SARASOTA GOLF CLUB BOULEVARD SARASOTA, FL. K, FL 34240 288 DRIVE MIRA LODA 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. (NOTE: Registered Agen, signature required when reinstating) Signature lyped or printed name of registered agent and title if applicable. 9. Election Campaign Financing =--\$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. S/T TITLE Delete TITLE NISLEY, SUSAN M. NAME NAME 2881 MIRA LODA DRIVE STREET ADDRESS 2881 SARASOTA GOLF CLUB BLVD STREET ADDRESS SARASOTA, FL 342409098 SAKASOTA, FL 34240-8788 CITY-ST-ZIP CITY-ST-ZIP IIIIE ☐ Delete TITLE ☐ Addition NISLEY, ANDREW M NAME NAME 2881 MIRA LODA DRIVE STREET ADDRESS 2881 SARASOTA GOLF CLUB BLVD STREET ADDRESS CITY - ST - ZIP SARASOTA, FL 342409098 CITY-ST-ZIP FL 34240-8788 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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.

FILED Mar 14, 2005 8:00 am