

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002518

Entity Name: ALL HOMES CORP.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

29399 U.S. HWY 19 NO., SUITE 320
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

29399 U.S. HWY 19 NO., SUITE 320
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 84-1538391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BLATZ, ROBERT G
Address: 29399 U.S. HWY 19 NO., SUITE 320
City-St-Zip: CLEARWATER, FL 33761

Title: VT () Delete
Name: SMITH, SHANNON E
Address: 29399 U.S. HWY 19 NO., SUITE 320
City-St-Zip: CLEARWATER, FL 33761

Title: V () Delete
Name: MATHIS, ROBERT H
Address: 29399 U.S. HWY 19 NO., SUITE 320
City-St-Zip: CLEARWATER, FL 33761

Title: VS (X) Delete
Name: CUNNINGHAM, JOHN J JR
Address: 29399 U.S. HWY 19 NO., SUITE. 320
City-St-Zip: CLEARWATER, FL 33761

Title: AS (X) Delete
Name: LOVELADY, MERRILYN K
Address: 29399 U.S. HWY 19 NO. , SUITE 320
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO (X) Change () Addition
Name: SMITH, SHANNON E
Address: 29399 U.S. HWY 19 NO., SUITE 320
City-St-Zip: CLEARWATER, FL 33761

Title: VP (X) Change () Addition
Name: SAKOW, TODD
Address: 29399 U.S. HWY 19 NO., SUITE 320
City-St-Zip: CLEARWATER, FL 33761

Title: AT (X) Change () Addition
Name: TARKINGTON, MICHAEL A
Address: 29399 U.S. HWY 19 NO., SUITE 320
City-St-Zip: CLEARWATER, FL 33761

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: SHARON CALDWELL

MGR

04/29/2009

Electronic Signature of Signing Officer or Director

Date