2008 FOR PROFIT CORPORATION

Apr 28, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #F01000002071** 04-28-2008 90329 008 ***150.00 1. Entity Name TIMBERLINE HOMES, INC. Mailing Address Principal Place of Business PO BOX 1225 1251 SOUTH BLVD BREWTON, AL 36427 BREWTON, AL 36426 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04252008 Cha-P Applied For 4. FEI Number City & State City & State 63-1270165 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code FL 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: flegistered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PCD Change Addition TITLE ☐ Delete TITLE ADAMS, DENNIS D NAME NAME STREET ADDRESS 1251 SOUTH BLVD STREET ADDRESS CITY-ST-ZIP BREWTON, AL City-ST-ZIP VD TITLE ☐ Delete TITLE Change ☐ Addition LINDSEY, WINSTON NAME NAME 1251 SOUTH BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BREWTON, AL CITY-SI-ZIP STD See ! Tremo . Delete Change ★ Addition TITLE TITLE Rhonda Daukins MORRIS, MICHAEL K NAME NAME 1251 SowmBlud. STREET ADDRESS 1251 SOUTH BLVD STREET ADDRESS BREWTON, AL CITY+ST-7IP ston. AL 36426 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS f Trainings I Trace as

12. I hereby certify that the information supplied with this filling does not quality 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

*251-8*67-8085