

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007140

FILED
Jul 02, 2007
Secretary of State

Entity Name: PARK HOME ENTERPRISES, INC.

Current Principal Place of Business:

1272 PARK VISTA DRIVE, N.E.
ATLANTA, GA 30319

New Principal Place of Business:

1012 SALT WATER CIRCLE
ST. AUGUSTINE, FL 32080

Current Mailing Address:

1272 PARK VISTA DRIVE, N.E.
ATLANTA, GA 30319

New Mailing Address:

1012 SALT WATER CIRCLE
ST. AUGUSTINE, FL 32080

FEI Number: 58-2253212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: ROBINSON, JACK D
Address: 1272 PARK VISTA DRIVE, N.E.
City-St-Zip: ATLANTA, GA 30319

Title: ST () Delete
Name: ROBINSON, DAGMAR
Address: 1272 PARK VISTA DRIVE, N.E.
City-St-Zip: ATLANTA, GA 30319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change () Addition
Name: ROBINSON, JACK D
Address: 1012 SALT WATER CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: ST (X) Change () Addition
Name: ROBINSON, DAGMAR
Address: 1012 SALT WATER CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32080

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: JACK D. ROBINSON

PRES

07/02/2007

Electronic Signature of Signing Officer or Director

_____ Date