2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 08:00 AM Secretary of State

1. Entity Nan	MENT # F16523 re /EN HOMES INC.				<i>,</i>
C/O 5143 C	ce of Business OMMERCIAL WAY L, FL 34606	Mailing Address C/O 5143 COMMERCIAL WAY SPRING HILL, FL 34606			
E	OO NOT WRITE		CE	03222004 No Chg-P C 4. FEI Number 59-2058585 5. Certificate of Status Desired	F2E034 (10/03) Applied For Not Applicable
5143 CON	SKI, MICHAEL J. IMERCIAL WAY HILL, FL 34606		DO NOT WRITE IN THIS SPACE		
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 privited name of registered agent and title it applicable. (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10. YITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIST VENABLES, TREVOR J. 5143 COMMERCIAL WAY SPRING HILL, FL 34606	RECTORS		U0000013 04/26/04-80	00895 0136-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		in type		DO NOT WRI	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		<u> </u>		IN THIS SPAC	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ar to the same			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this liling 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 cath; 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.					
SIGNATURE: X3/25/2004 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dails Designer Proce #					