

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004968

FILED
Apr 26, 2007
Secretary of State

Entity Name: M/I HOMES, INC.

Current Principal Place of Business:

3 EASTON OVAL
SUITE 500
COLUMBUS, OH 43219 US

New Principal Place of Business:

Current Mailing Address:

3 EASTON OVAL
SUITE 500
COLUMBUS, OH 43219 US

New Mailing Address:

FEI Number: 31-1210837 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COOD (X) Delete
Name: SCHOTTENSTEIN, STEVEN
Address: 3 EASTON OVAL STE 500
City-St-Zip: COLUMBUS, OH 43219

Title: CFO () Delete
Name: CREEK, PHILLIP G
Address: 3 EASTON OVAL SUITE 500
City-St-Zip: COLUMBUS, OH 43219

Title: S () Delete
Name: MASON, THOMAS J
Address: 3 EASTON OVAL STE 500
City-St-Zip: COLUMBUS, OH 43219

Title: D () Delete
Name: BOHM, FRIEDRICH
Address: 1555 LAKESHORE DRIVE
City-St-Zip: COLUMBUS, OH 43204

Title: T () Delete
Name: ROBERTS, WILLIAM A
Address: 3 EASTON OVAL STE 500
City-St-Zip: COLUMBUS, OH 43219

Title: CEOP () Delete
Name: SCHOTTENSTEIN, ROBERT H
Address: 3 EASTON OVAL, SUITE 500
City-St-Zip: COLUMBUS, OH 43219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MASON, J T
Address: 3 EASTON OVAL SUITE 500
City-St-Zip: COLUMBUS, OH 43219

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: ROBERTS, WILLIAM A
Address: 3 EASTON OVAL SUITE 500
City-St-Zip: COLUMBUS, OH 43219

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PHILLIP G. CREEK

CFO

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date