## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95348

Entity Name: TOUSA HOMES, INC.

FILED Jan 13, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
SUITE 300	13TH STREET ) TON, FL 3343				
Current Mailing Address:			New Mailing Address:		
STE.500N	LYWOOD BLV -LEGAL DOD, FL 3302				
FEI Number	: 59-2214791	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of (	Current Registered Agent:	Name and Address	of New Registered Agent:	
C/O CT C0 1200 SOU	ORATION SYS ORPORATION TH PINE ISLA ION, FL 33324	I SYSTEM ND RD.			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electron	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	MON, ANTONIO	OOD BLVD,STE 500-N	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MCADEN, TON	OOD BLVD.,STE. 500-N	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PETERSEN, PA	OOD BLVD.STE 500-N	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	KOTLER, RANI	OOD BLVD.,STE. 500-N	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KELLER, DAVI	OOD BLVD.,STE. 500-N	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: PATRICIA PETERSEN S 01/13/2006