


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90040 044 ***150.00

DOCUMENT # F99000005467	
1. Entity Name FLORIDA NEW HOMES REALTY, INC.	

Principal Place of Business 304 S BELCHER CLEARWATER, FL 33765 US	Mailing Address 304 S BELCHER CLEARWATER, FL 33765 US
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40054310

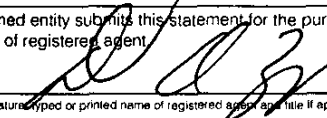
2. Principal Place of Business - No P.O. Box # 3031 N. Rocky Pointe Dr. W.	3. Mailing Address 3031 N. Rocky Pointe Dr. W.
Suite, Apt. #, etc. Suite 450	Suite, Apt. #, etc. Suite 450
City & State Tampa, FL	City & State Tampa, FL
Zip 33607	Country USA



04022007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3606515	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, DARRELL C 101 E KENNEDY BLVD STE 2800 TAMPA, FL 33602	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	

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.

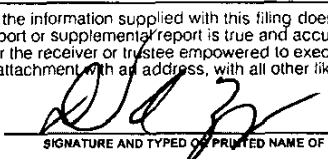
SIGNATURE:  DATE: **4/11/07**

Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MARKS, VALERI 304 S. BELCHER ROAD CLEARWATER, FL 33765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MARKS, VALERI 3031 N. Rocky Pointe Dr. W, Suite 450 Tampa, FL 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ZINN, DAVID 304 S. BELCHER ROAD CLEARWATER, FL 33765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC Zynn, David 3031 N. Rocky Pointe Dr. W., Suite 450 Tampa, FL 33607 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIBBLE, TIM 304 S BELCHER RD CLEARWATER, FL 33765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dibble, Tim 3031 N. Rocky Pointe Dr. W., Suite 450 Tampa, FL 33607 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KROPPER, STEVEN 304 S BELCHER RD CLEARWATER, FL 33765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kropper, Steven 3031 N. Rocky Pointe Dr. W., Suite 450 Tampa, FL 33607 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STIER, AMY K 304 S BELCHER RD CLEARWATER, FL 33765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Stier, Amy K. 3031 N. Rocky Pointe Dr. W., Suite 450 Tampa, FL 33607 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GLEESON, KURT S 304 S BELCHER RD CLEARWATER, FL 33765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gleeson, Kurt S 3031 N. Rocky Pointe Dr. W., Suite 450 Tampa, FL 33607 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE:  DATE: **4/11/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR