2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 30, 2006 08:00 AM **Secretary of State** DOCUMENT # G61103 HIGHLANDS MOBILE HOME PARK & SALES, INC. Principal Place of Business Mailing Address % JORGE A. QUIROGA % IORGE A. QUIROGA 17730 US HIGHWAY 27, LOT 6 17730 US HIGHWAY 27, LOT 6 CLERMONT, FL 34711 US CLERMONT, FL 34711 US 03112006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2329687 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent QUIROGA, JORGE A. DO NOT WRITE 17730 US HWY 27 CLERMONT, FL 34711 IN THIS SPACE 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, 1 am lamiliar with, and accept the obligations of registered agent. QuiROCA ICTORIA QUIROCA FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME QUIROGA, JORGE A. STREET ADDRESS 17730 US HWY 27 CITY-ST-ZIP CLERMONT, FL 34711 TITLE QUIROGA, VICTORIA U00000485373 04/12/06-80082-003 150.00 STREET ADDRESS 17730 US HIGHWAY 27, LOT 6 City-St-ZiP CLERMONT, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ACCRESS CITY-ST-ZIP

12. Thereby 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 emprovered 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED