2008 FOR PROFIT CORPORATION FILED **ANNUAL REPORT** Mar 17, 2008 08:00 A Secretary of State DOCUMENT # H08387 1. Entity Name BLOXHAM HOMES, INC. Principal Place of Business Mailing Address 12244 TREELINE AVE 12244 TREELINE AVE SUITE 7 SUITE 7 FORT MYERS, FL 33913 FORT MYERS, FL 33913 02192008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2460755 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BLOXHAM, NORMAN R DO NOT WRITE 12244 TREELINE AVE SUITE 7 IN THIS SPACE FORT MYERS, FL 33913 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME BLOXHAM, NORMAN R STREET ADDRESS 1860 CARBONATA DRIVE CITY-ST-ZIP ALVA, FL 33920 TITLE NAME STREET ADDRESS 04/02/08-80036-024 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 legiever or trustee empowered to except the 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 attact that I with an address, with all other reports.

SIGNATURE:

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AND TYPED OR PRINTED NAME CONING OFFICER OR DIRECT

3-14-08 Date

239-728-2143