2006 FOR PROFIT CORPORATION

FILED Jan 17, 2006 8:00 am Secretary of State

ANNUAL REPURI								Secretary of State					
DOCUMENT # H32377								01-17-2006 90228 040 ***150.00					
1. Entity Name													
MOBÎLE HOME HARDWARE OF THE SOUTHEAST, INC.													
<u></u>				,			TIST!						
Principal Place of Business				Mailing Address									
1461 SEMINOLA BLVD.				1461 SEMINOLA BLVD.				60001711					
CASSELBERRY, FL 32707				CASSELBERRY, FL 32707					•				
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01112006	Chg-P	CR	2E034 (11/05)		
City & State				City & State				4. FEI Number Applied For 59-2477431 Not Applicable					
Zip	Country			Zip C						\$8.75 Ad Fee Require			
	6. Name	and Address of Curren	t Regis	tered Agent		7. Name and Address of New Registered Agent							
SULOTT DETER O						Name							
ELLIOTT, PETER S 220 MINNEHAHA RD. MAITIAND, EL 32751							Street Address (P.O. Box Number is Not Acceptable)						
MAITLAND, FL 32751													
<u> </u>						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 Signature, typed or printed name of registered agent and bitle if applicable. (NOTE, Registered Agent signature required when reinstating) OATE													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.						ng 🗆		.00 May Be ed to Fees					
10.	· · ·	OFFICERS AND	ECTORS 11.				ADDITIONS	CHANGES TO	OFFICERS A	AND DIRECTOR	S IN 11		
TITLE	DP OFFICERS AND			☐ Delete	TITLE			ABBITTOTTO	701711402010	OTT TOETTO	∑ Change	Addition	
NAME	ELLIOTT,	ELLIOTT, PETER S.							1				
STREET ADDRESS	220 MINN						220	WINNE	HAHA	BD			
CITY-ST-ZIP					CITY-ST	·ZIP			<u></u>				
TITLE	DT Defete TITU								7		🔂 Change	Addition .	
NAME etocct loopere		ELLIOTT, LOUISE B. NA 220 MINNEHANA RD ST				ADDRESS	220	MINNE	HAHA	スカ			
STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·				-ZIP	2.00	, ,					
TITLE				☐ Delete	TITLE						Change	Addition	
NAME					NAME								
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CITY-ST-ZIP					CITY-ST	- ZIP							
TITLE)			☐ Delete	TITLE						☐ Change	Addition \	
NAME OTHER ADDRESS	i				NAME	+DODECC							
STREET ADDRESS CITY-ST-ZIP					CITY-ST	ADDRESS -71P							
				□ Delete	-						☐ Change	☐ Addition	
TITLE NAME				☐ Delete	TITLE NAME						□ cuange	CT VOORIGN	
STREET ADDRESS	}					ADDRESS							
CITY-ST-ZIP	<u> </u>				CITY-ST	-ZIP							
TITLE				Delete	TITLE						Change	☐ Addition	
NAME			NAME		1								
STREET ADDRESS	1				STREET	40DRESS							

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.

CITY-ST-ZIP

SIGNATURE: Pats

CITY-SI-ZIP

& Ellised SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER S, ELLIOTT

JAN 12,2006

407 695-2555

Daylime Phone #

Date