

Apr 04
Sec

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H77615		
1. Entity Name AMAZING HOMES, INC.		
Principal Place of Business 9951 ATLANTIC BLVD., #317-3 JACKSONVILLE, FL 32225	Mailing Address 9951 ATLANTIC BLVD., #317-3 JACKSONVILLE, FL 32225	
DO NOT WRITE IN THIS SPACE		
		04032005 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-2596350
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
JOHNSON, WILBUR E. 8348 NEWTON RD. JACKSONVILLE, FL 32216		DO NOT WRITE 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when constituting)		
DATE _____		
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		
10. OFFICERS AND DIRECTORS		
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	JOHNSON, WILBUR E.	
STREET ADDRESS	8348 NEWTON RD.	
CITY - ST - ZIP	JACKSONVILLE, FL	
TITLE	VST	
NAME	JOHNSON, CAROL N.	
STREET ADDRESS	8348 NEWTON RD.	
CITY - ST - ZIP	JACKSONVILLE, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Wilbur E. Johnson</i> Wilbur E. Johnson, Pres		4 April 05 904-727-7794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #