

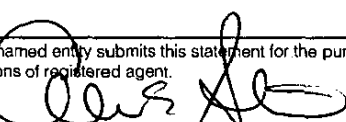
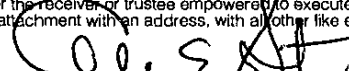


**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

94012542

<b>DOCUMENT # H85915</b> 1. Entity Name <b>ALL AMERICA HOMES OF GAINESVILLE, INC.</b>				<b>Secretary of State</b> 02-09-2004 90059 009 ***158.75	
Principal Place of Business <b>818 SW 105TH TERRACE GAINESVILLE, FL 32607 US</b>		Mailing Address <b>818 SW 105TH TERRACE GAINESVILLE, FL 32607 US</b>		<b>94012542</b>	
2. Principal Place of Business <b>923 SW 104th Street</b>		3. Mailing Address <b>923 SW 104th Street</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062004 Chg-P CR2E034 (10/03)	
City & State <b>Gainesville, FL</b>		City & State <b>Gainesville, FL</b>		4. FEI Number <b>59-2600380</b>	
Zip <b>32607</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
STINE, ALLEN E 818 SW 105TH TERRACE GAINESVILLE, FL 32607		Name Street Address (P.O. Box Number is Not Acceptable) <b>923 SW 104th Street</b> City <b>Gainesville</b> <b>FL</b> Zip Code <b>32607</b>			
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:  <b>Allen E. Stine</b> <b>1-6-04</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
O STINE, ALLEN E 10614 SW 15TH LANE GAINESVILLE, FL 32607					
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  <b>Allen E. Stine</b> <b>1-6-04</b> <b>352-333-7252 x16</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					