2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # J43904

1. Entity Name

REESE MCCAULEY QUALITY HOMES, INC.



FILED Apr 28, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

10080 COUNTRY BROOK ROAD BOCA RATON, FL 33428 US 10080 COUNTRY BROOK ROAD BOCA RATON, FL 33428 US



04262006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2741955 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCAULEY, REESE 10080 COUNTRY BROOK ROAD BOCA RATON, FL 33428

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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) DATE							
FILE NOWIII 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			\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS GITY-ST-ZIP	P MCCAULEY, REESE S., SR. 10080 COUNTRY BROOK ROAD BOCA RATON, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCCAULEY, HELENE 10080 COUNTRY ARBOR RD BOCA RATON, FL 33428					U00000541449 NS/10/06-80060-007 150.00	
TITLE NAME STREET ADDRESS CITY+ST-ZIP					DO	NOT WRITE	
TITLE HAME STREET ADDRESS CITY-ST-ZIP					in	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filling 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 path; that I am an officer or director							

12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 114, Florida Statutes, 1 further certify that it is morrhalton 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 office 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:

IGNATURE AND TYPED OR PRINTED NAME OF SURING OFFICER OR DIRECTOR

6-26-06

561-482-4663