2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 10, 2008 08:00 A Secretary of State **DOCUMENT # J46673** 1. Entity Name CLASSIC AMERICAN HOMESTYLES, INC. Principal Place of Business Mailing Address 920 LAKE ELSIE DRIVE P 0 BOX 1655 TAVARES, FL 32778 US MT DORA, FL 32757 01222008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2751611 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SANDHOLM, MARILYN J. DO NOT WRITE 920 LAKE ELSIE DR. TAVARES, FL 32778 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Added to Fees Trust Fund Contribution. • 10. OFFICERS AND DIRECTORS TITLE NAME SANDHOLM, MARILYN J. STREET ADDRESS 920 LAKE ELSIE DRIVE CITY-ST-ZIP TAVARES, FL TITLE NAME U000000889480 STREET ADDRESS 04/22/08-80055-005 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

NAME STREET ADDRESS