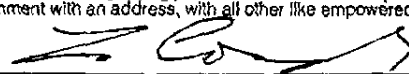


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # J80779 1. Entity Name EURO HOMES, INC.		
Principal Place of Business 801 N. DIXIE HWY STE. F-5 WEST PALM BEACH, FL 33401 US	Mailing Address P.O. BOX 2558 PALM BEACH, FL 33480 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CIOMEK, ZDZISLAW 249 PERUVIAN AVE STE F-5 PALM BCH, FL 33480		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CIOMEK, ZDZISLAW 801 N. DIXIE HWY WEST PALM BEACH, FL 33401	
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		
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.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/8/06 (561) 655-553 Date Daytime Phone



02272006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0009147	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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03/22/06-80038-025 150.00

**DO NOT WRITE
IN THIS SPACE**