

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K39138

Entity Name: PUMPKIN HOMES INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

419 KEY EXECUTIVE BUILDING
104 CRANDON BLVD.
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

419 KEY EXECUTIVE BUILDING
104 CRANDON BLVD.
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 65-0082951 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOTO, MYRNA
104 CRANDON BLVD #419
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SPENCER, S.A.
Address: 251 CRANDON BLVD #164
City-St-Zip: KEY BISCAYNE, FL

Title: VDAS () Delete
Name: SPENCER, MARY M.
Address: 251 CRANDON BLVD., #164
City-St-Zip: KEY BISCAYNE, FL

Title: S (X) Delete
Name: LEISCHNER, STEVEN
Address: 1979 DOGWOOD DR.
City-St-Zip: SCOTCH PLAINS, NJ 07076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VDAS (X) Change () Addition
Name: MARY M. SPENCER
Address: 251 CRANDON BLVD #164
City-St-Zip: KEY BISCAYNE, FL

Title: S (X) Change () Addition
Name: LEISCHNER, STEVEN
Address: 1979 DOGWOOD DR.
City-St-Zip: SCOTCH PLAINS, NJ 07076

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN LEISCHNER

S

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date