2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 15, 2004 08:00 AM Secretary of State DOCUMENT # K96727 FLORIDA HAPPY HOMES, INC. Principal Place of Business Mailing Address ONE MANGROVE POINTE ONE MANGROVE POINTE ST. PETE BEACH, FL 33706 ST. PETE BEACH, FL 33706 115 04122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2954672 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BEATTY, STEVEN DO NOT WRITE ONE MANGROVE POINTE ST. PETE BEACH, FL 33706 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS NTLE BEATTY, EDWARD MAME STREET ADDRESS 1261 ALEXANDER WAY CITY-ST-ZIP CLEARWATER, FL 33756 TITLE NAME BEATTY, STEVEN U00000113994 STREET ADDRESS ONE MANGROVE POINTE 04/15/04-80031-020 150.00 CITY-S1-ZIP ST. PETE BEACH, FL 33706 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP fine IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 antiowered.

SIGNATURE:

CITY-ST-ZIP
TUTLE
NAME
STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12.04 727367-106

Daytima Phone #

FILED