2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 16, 2007 08:00 A Secretary of State DOCUMENT # L10865 1. Entity Name PREMIER HOMES AND DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 7380 SAND LAKE ROAD, SUITE 500 7380 SAND LAKE ROAD, SUITE 500 ORLANDO, FL 32819 US ORLANDO, FL 32819 CR2E034 (11/05) 04112007 No Cha-P Applied For 4. FEI Number 59-2961368 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Complete and the weeks of a SIMON, PETER D. DO NOT WRITE 7380 SAND LAKE ROAD SUITE 500 IN THIS SPACE ORLANDO, FL 32819 8. In 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, 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 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE U00000709827 04/25/07-80019-024-1 SIMON, PETER D NAME STREET ADDRESS 7380 SAND LAKE ROAD CITY-ST-ZIP ORLANDO, FL 32819 TITLE STREET ADDRESS CITY-ST-7IP DO NOT WRITE IN THIS SPACE TITLE NAME STREET ADDRESS CITY-\$7-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 nestee empowered to execute his leport 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 applications, with all other like empowered.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR