

<b>DOCUMENT # L14744</b>			
1. Entity Name <b>D.E.C. HOMES INC.</b>			
Principal Place of Business <b>216 N JOHN YOUNG PKWAY SUITE 12 KISSIMMEE FL 34741 US</b>		Mailing Address <b>216 N JOHN YOUNG PKWAY SUITE 12 KISSIMMEE FL 34741 US</b>	
2. Principal Place of Business <b>316 N JOHN YOUNG PKWAY Suite, Apt. #, etc. 12</b>		3. Mailing Address <b>316 N JOHN YOUNG PKWAY Suite, Apt. #, etc. 12</b>	
City & State <b>KISSIMMEE FL</b>		City & State <b>KISSIMMEE FL</b>	
Zip <b>34741</b>	Country <b>USA</b>	Zip <b>34741</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent			
<b>SCHIKORA, EVELYN 106 CASSINO WAY KISSIMMEE FL 34758</b>			Name _____
			Street Address (F) _____
			_____
			City _____
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State</b>	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SCHIKORA, EVELYN 106 CASSINO WAY KISSIMMEE FL 34758</b>	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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12.			
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Florida Statutes, and that the information on this report or supplemental report is true and accurate and that my signature shall have the same effect as that of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Florida Statutes, changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <b>Evelyn Schikora</b> <b>EVELYN SCHIKORA</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)