
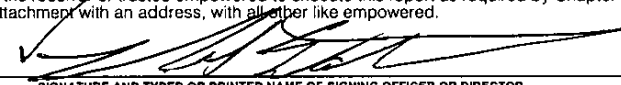


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90232 004 ***150.00

DOCUMENT # L16635 1. Entity Name EGRET CUSTOM HOMES, INC.					
Principal Place of Business C/O ROBERT G. WATTERSON 5097 RUSSELL AVE. FT. MYERS, FL 33919 US			Mailing Address C/O ROBERT G. WATTERSON 5097 RUSSELL AVE. FT. MYERS, FL 33919 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0154704	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WATTERSON, ROBERT G. 5097 RUSSELL AVE. FT. MYERS, FL 33919				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WATTERSON, ROBERT G. 5097 RUSSELL AVE. FT. MYERS, FL 33919		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR KATHERINE A. WATTERSON 5168 LOMA VISTA CIRCLE #204 OVIEDO FLA 32765	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOWE, MARIA C 611 S E 8TH PL CAPE CORAL, FL 33990		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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			Date 3/20/06 Daytime Phone # (239) 936-6768		