2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 25, 2008 8:00 am Secretary of State DOCUMENT #L53946 04-25-2008 90149 043 ***150.00 1. Entity Name MANATEE HOMES, INC. Principal Place of Business Mailing Address 795 SILVERBELL LANE 795 SILVERBELL LANE WEST PALM BEACH, FL 33414 WEST PALM BEACH, FL 33414 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0173292 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YURICK, CHRIS Street Address (P.O. Box Number is Not Acceptable) 795 SILVER BELL LANE W PALM BEACH FL, FL 33414 Zip Code FL s statement for the burpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity the obligations of regis SIGNATURE Signature. inted name of registered agent a (NOTE: Registered Agent signature required DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition YURICK, CHRIS NAME NAME STREET ADDRESS 795 SILVERBELL LANE STREET ADDRESS CITY-ST-ZIP W PALM BEACH FL. CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 12. I hereby certify that the information so blied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier for 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 explowered 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 attacyment with an advises, with all pater like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED