2008 FOR PROFIT CORPORATION

Apr 28, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # M65137 04-28-2008 90331 038 ***150.00 1. Entity Name GREAT AMERICAN HOMES, INC. Principal Place of Business Mailing Address 1177 LOUISIANA AVENUE 1177 LOUISIANA AVENUÉ SUITE 208 SUITE 208 WINTER PARK, FL 32789 WINTER PARK, FL 32789 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2281 LEE ROAD 20181 LEE Suite, Apt. #, etc. Suite, Apt. #, etc. 02262008 Chg-P CR2E034 (12/06) SUITE 205 SUITE 205 City & State City & State 4. FEI Number Applied For WINTER PARK FL WINTER PARK 59-2868055 Not Applicable Country 45 Zip 32789 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YEAGER, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 1177 LOUISIANA AVENUE., STE. 200 WINTER PARK, FL 32789 205 Zip Code 789 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 Trust Fund Contribution. П Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE Change Addition YEAGER, JEFFREY NAME NAME 2281 LEE RUAD STREET ADDRESS 1177 LOUISIANA AVENUE STREET ADDRESS WINTER PARK, FL 32789 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK, FL 32789 Change Addition TITLE STDV ☐ Delete TITE F YEAGER, JOANN NAME NAME 2281 LEE ROM STREET ADDRESS 1177 LOUISIANA AVENUE., STE. 208 STREET ADDRESS PARK, FL J2789 MINTER CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

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Daytime Phone #

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