2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004
Secretary of State

DOCUMENT# M89429

Entity Name: CUMBERLAND CUSTOM HOMES OF ORLANDO, INC.

Current Principal Place of Business:

% JOHN R. THOMAS
919 SEMORAN BLVD.
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

% JOHN R. THOMAS
919 SEMORAN BLVD.
CASSELBERRY, FL 32707

New Mailing Address:

% JOHN R. THOMAS
919 EAST S. R. 436
CASSELBERRY, FL 32707

FEI Number: 59-2900752 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, JOHN R.
919 SEMORAN BLVD.
CASSELBERRY, FL 32707

Name and Address of New Registered Agent:

THOMAS, JOHN R.
919 EAST S. R. 436
CASSELBERRY, FL 32707

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.

SIGNATURE: _____ 04/13/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: THOMAS, JOHN R.,
Address: 919 SEMORAN BLVD.
City-St-Zip: CASSELBERRY, FL

Title: STV ( ) Delete
Name: THOMAS, KARIN,
Address: 919 SEMORAN BLVD.
City-St-Zip: CASSELBERRY, FL

Title: D ( ) Delete
Name: THOMAS, KARIN,
Address: 919 SEMORAN BLVD.
City-St-Zip: CASSELBERRY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARIN L. THOMAS STV 04/13/2004
Electronic Signature of Signing Officer or Director — Date