

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M89429

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: CUMBERLAND CUSTOM HOMES OF ORLANDO, INC.

## Current Principal Place of Business:

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

## Current Mailing Address:

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

## New Principal Place of Business:

% JOHN R. THOMAS  
25 WINDSORMERE WAY SUITE 301  
OVIEDO, FL 32765

## New Mailing Address:

% JOHN R. THOMAS  
25 WINDSORMERE WAY SUITE 301  
OVIEDO, FL 32765

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 EAST S. R. 436  
CASSELBERRY, FL 32707 US

## Name and Address of New Registered Agent:

THOMAS, JOHN R.  
25 WINDSORMERE WAY  
SUITE 301  
OVIEDO, FL 32765 US

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: KARIN L. THOMAS

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: THOMAS, JOHN R.,  
Address: 919 EAST STATE ROAD 436  
City-St-Zip: CASSELBERRY, FL

Title: STV ( ) Delete  
Name: THOMAS, KARIN,  
Address: 919 EAST STATE ROAD 436  
City-St-Zip: CASSELBERRY, FL

Title: D ( ) Delete  
Name: THOMAS, KARIN,  
Address: 919 EAST STATE ROAD 436  
City-St-Zip: CASSELBERRY, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: THOMAS, JOHN R.,  
Address: 25 WINDSORMERE WAY SUITE 301  
City-St-Zip: OVIEDO, FL 32765

Title: STV (X) Change ( ) Addition  
Name: THOMAS, KARIN,  
Address: 25 WINDSORMERE WAY SUITE 301  
City-St-Zip: OVIEDO, FL 32765

Title: D (X) Change ( ) Addition  
Name: THOMAS, KARIN,  
Address: 25 WINDSORMERE WAY SUITE 301  
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

VP

04/26/2007

Electronic Signature of Signing Officer or Director

Date