


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90181 007 ****61.25

DOCUMENT # N23922 1. Entity Name DUVALL HOME FOUNDATION, INC.	
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Principal Place of Business 444 SEABREEZE SUITE 210 DAYTONA BEACH, FL 32118 -- US	Mailing Address POST OFFICE BOX 2023 DAYTON BEACH, FL 32115 US
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50036045



2. Principal Place of Business 1721 Ridgewood Avenue Suite, Apt. #, etc. Suite B	3. Mailing Address Suite, Apt. #, etc.
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04042005 Chg-NP CR2E037 (10/03)

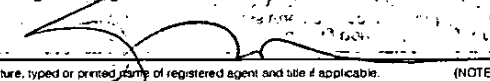
City & State Holly Hill, Florida	City & State
Zip 32117	Country United States

4. FEI Number 59-2910069	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent CALDWELL, SARA 444 SEABREEZE SUITE 210 DAYTONA BEACH, FL 32118	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1721 Ridgewood Avenue, Suite B Holly Hill City FL Zip Code 32117	
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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:  4/05/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANDERS, EDWIN P 101 N. ALABAMA AVENUE DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HENRY, TERENCE M 701 PELICAN BAY DRIVE DAYTONA BEACH, FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WALSH, MICHAEL 149 E. INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CALDWELL, SARA 444 SEABREEZE, SUITE 210 DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1721 Ridgewood Avenue, Suite B Holly Hill, FL 32117
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Sid Peterson 418 Canal Street New Smyrna Beach, FL 32168
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, 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:  4/05/2005 (386) 258-1950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #