2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0000009647 1. Enlity Name NEW HOMES "R" US REALTY, INC.				FILED 05 MAY 10 PM 1:5
Principal Place of Business 3780 KORI ROAD, #6 JACKSONVILLE, FL 32257		Mailing Address P.O. BOX 56064 JACKSONVILLE, FL 32241-6064		SEURETARY OF STATE TALLAHASSEE, FLORID
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt #, etc.		04302005 Chg-P CR2E034 (10/03)
City & State		City & State		4. FEI Number Applied For 59-3644203 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered Agent
MONFILETTO, JIMA				JACK HOWARD
3801 WINDBIOGE CRT JACKSONVILLE, FL 32257				ess (P.O. Box Number is Not Acceptable)
			L	880 BRIAR WOOD
			City	JACKSON VILLE FL 32257
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 tamiliar with, and accept the obligations of registered agent (
Show				
SIGNATURE—Squarus, type or particular or of registered agent and lifte if attribicable (NOTE Registered Apent superiore traduced when reversioning).				
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
10.	OFFICERS AN	ID DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	BRAITHWAITE, DANIEL T	☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS	5326 CAMELOT FOREST DR. JACKSONVILLE, FL 32258		STREET ADDRESS CITY-ST-ZIP	
TITLE	JACKSONVIELE, PL 32256	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		Control Control	NAME	000054751240
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip	05/19/0501002022 **150.00
TITLE		☐ Delete	TITLE	Change Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	1 A Arm
TITLE		☐ Delete	THTLE	Change Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	1.
CITY-ST-ZIP			CITY-ST-ZIP	
12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Scotion 119.07(3)(i), Florida Statutes. Hurther 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 it made under oath; that I am an officer or director of the corporation or the receiver on 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 attack from the receiver of the corporation of the report of the report of the corporation of the receiver on the receiver of the receive				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				