


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000009647

1. Entity Name
NEW HOMES "R" US REALTY, INC.



FILED
05 MAY 10 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3780 KORI ROAD, #6 JACKSONVILLE, FL 32257	Mailing Address P.O. BOX 56064 JACKSONVILLE, FL 32241-6064
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04302005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3644203 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MONFILETTO, TINA
3801 WINDBRIDGE CRT
JACKSONVILLE, FL 32257**

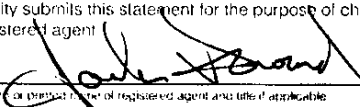
7. Name and Address of New Registered Agent

Name **JACK HOWARD**

Street Address (P.O. Box Number is Not Acceptable)
8880 BRIARWOOD

City **JACKSONVILLE FL** Zip Code **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 familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE _____

Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

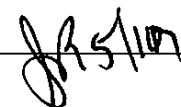
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

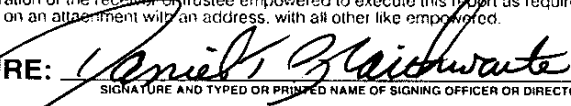
TITLE	P	Delete <input type="checkbox"/>
NAME	BRAITHWAITE, DANIEL T	
STREET ADDRESS	5326 CAMELOT FOREST DR.	
CITY- ST- ZIP	JACKSONVILLE, FL 32258	
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		Change <input type="checkbox"/>
NAME	000054751240	
STREET ADDRESS	05/19/05--01002--022	
CITY- ST- ZIP	**150.00	
TITLE		Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		



12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

SIGNATURE:  **4/30/05** **9047599766**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Office Daytime Phone #