

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000023397		
1. Entity Name MERIDIAN HOMES, INC.		
Principal Place of Business 4379 WOODMANS CHART SARASOTA, FL 34235		Mailing Address 4379 WOODMANS CHART SARASOTA, FL 34235
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SCOTT, CATHERINE J 4379 WOODMANS CHART SARASOTA, FL 34235		<div>04212006 No Chg-P CR2E034 (11/05)</div> <div>4. FEI Number 65-0999913 <input type="checkbox"/> Applied For Not Applicable</div> <div>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</div> <div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restateing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		<div>U000000525160 05/04/06-80021-023 150.00</div> <div style="text-align: center;">DO NOT WRITE IN THIS SPACE</div>
TITLE	DP	
NAME	SCOTT, RONALD R	
STREET ADDRESS	4379 WOODMANS CHART	
CITY - ST - ZIP	SARASOTA, FL 34235	
TITLE	DVST	
NAME	SCOTT, CATHERINE J	
STREET ADDRESS	4379 WOODMANS CHART	
CITY - ST - ZIP	SARASOTA, FL 34235	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Catherine J. Scott, Secretary</u>		04/21/06 941/371-0829
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>