2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 30, 2004 08:00 AM ANNUAL REPORT Secretary of State DOCUMENT # P00000056183 FLORIDA 1ST HOME CONSTRUCTION MANAGEMENT, Principal Place of Business Mailing Address 1831 KINGS WAY DR 1831 KINGS WAY DR CANTONMENT, FL 32533 CANTONMENT, FL 32533 No Chg-P CR2E034 (10/03) 01252004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3648973 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCCORMICK, HOWARD D DO NOT WRITE 1831 KINGS WAY DR CANTONMENT, FL 32533 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title it applicable. DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MCCORMICK, HOWARD D NAME 1831 KINGS WAY DRIVE STREET ADDRESS CITY-ST-ZIP CANTONMENT, FL 32533 U00000023483 02/02/04-80027-016 150.00 MCCORMICK, DEBRA L NAME STREET ADDRESS 1831 KINGS WAY DRIVE CITY-ST-ZIP CANTONMENT, FL 32533 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 trusted empoyered 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 attainment with an above 3 with 4 other list-empoyered.

SIGNATURE: Howard D. M= Comuck - PRESIDENT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6/04 850-968-1330

FILED