2005 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 12, 2005 08:00 AM **DOCUMENT # P00000056183 Secretary of State** FLORIDA 1ST HOME CONSTRUCTION MANAGEMENT, Principal Place of Business Mailing Address 1831 KINGS WAY DR 1881 KINGS WAY DR CANTONMENT, FL 32533 CANTONMENT, FL 32533 No Chg-P CR2E034 (10/03) 01062005 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, typed or printed name of registered agent and title if applicable. (NOTE; Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE MCCORMICK, HOWARD D NAME STREET ADDRESS 1831 KINGS WAY DRIVE CITY-ST-ZIP CANTONMENT, FL 32533 TITLE //00000178239 01/12/05-80019-022 150.00 MCCORMICK, DEBRA L 1831 KINGS WAY DRIVE STREET ADDRESS CITY-ST-ZIP CANTONMENT, FL 32533 IIILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MILE STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 two 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 appears with all other tike empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M C CORMICIL