2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000066511

Entity Name: VINTAGE HOMES, INC.

FILED Apr 12, 2006 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|--|--|---|--|---|
| | RLET IRIS PLA PARK, FL 327 | | | |
| Current Mailing Address: | | | New Mailing Address: | |
| | ARLET IRIS PLA PARK, FL 327 | | | |
| FEI Number | r: 59-3662591 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and | d Address of (| Current Registered Agent: | Name and Address | of New Registered Agent: |
| 4078 SCÁ WINTER I The above | , SCOTT L RRLET IRIS PL/ PARK, FL 327 e named entity te of Florida. | 92 US | purpose of changing its registere | ed office or registered agent, or both, |
| SIGNATU | IRE. | | | |
| | · · · · · · · · · · · · · · · · · · · | | | |
| | | nic Signature of Registered Ag | gent | Date |
| Election Ca | Electro | nic Signature of Registered Ag | gent | Date |
| | Electro | g Trust Fund Contribution (). | | Date ES TO OFFICERS AND DIRECTORS |
| | Electron Impaign Financin ES AND DIRECT PD (PHILPOT, SCC 4078 SCARLE | g Trust Fund Contribution (). CTORS:) Delete DTT L | | |
| OFFICER Title: Name: Address: | Electron Impaign Financin ES AND DIRECT PD (PHILPOT, SCC 4078 SCARLE WINTER PARK | g Trust Fund Contribution (). ETORS:) Delete DITT L T IBIS PL K, FL 32792 VD) Delete MY VGOLD LN | ADDITIONS/CHANG Title: Name: Address: | ES TO OFFICERS AND DIRECTOR |
| OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: | Electron Flower Flow | g Trust Fund Contribution (). CTORS:) Delete DTT L T IBIS PL K, FL 32792 VD) Delete MY VGOLD LN K, FL 32792) Delete BIN T IBIS PL | ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: | ES TO OFFICERS AND DIRECTORS () Change () Addition |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT L. PHILPOT OD 04/12/2006