FOR PROFIT CORPORATION

SIGNATURE:

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # PO100006916 FILED HEMMINGWAY HOMES, INC. 02 OCT 15 PM 12: 08 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 2516 WILLOUGHBY BLUE P.O BOX Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number STUAR1 Applied For ORIDA YLORIDA 65 107 0853 Not Applicable Country 1)SA Country 34994 \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE **IERIM** Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE SW WEDELIA /ERE. 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 KNIERIM SIGNATURE TRESIDENY e of registered agent and title if applicable 9. This corporation is eliqible to satisfy its Intangible January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE TITLE CR2E034B (12/01) 19RY KNIERIM NAME NAME STREET ADDRESS 6858 WEDELIA TERR. STREET ADDRESS 12mCity FL 34990 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE 900008601809 10/25/02--01121--002 ***8.75 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITE F NAME 900008601809 10/25/02--01121--003 **150.00 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 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 attachment with an address, with all other like empowered.

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Zeel

HEMMINGWAY HOMES

"An Old Florida Building Company"

October 10, 2002

Department of State Division of Corporations Kathy Ashton 409 East Gaines Street Tallahassee, Florida 32399

Dear Ms. Ashton,

Please be advised that I have never received the uniform business report and please accept this letter to ask that you waive the reinstatement fee.

Enclosed please find my business check in the amount of \$150.00. May I ask that you please process this as soon as possible due a bank loan that I am trying to close with for my company on Friday, October 11, 2002.

Could you please fax the "Active" report when this is processed to: 772/781-1644.

Thank you so much for your efforts,

Sincerely,

Mary Knierim

President Hemmingway Homes, Inc.

P.S. My mailing ADDRESS is: P.O. Box 2473 Palm City Fr. 34991

2516 Willoughby Blvd.

Stuart, Florida 34994