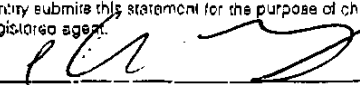
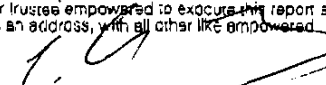


FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90859 035 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000014116 1. Entry Name TUSCANY HOMES OF NORTH FLORIDA, INC.					
Principal Place of Business 462 KINGSLEY AVE SUITE 102 ORANGE PARK, FL 32073			Mailing Address 462 KINGSLEY AVE SUITE 102 ORANGE PARK, FL 32073		
2. Principal Place of Business - No P.O. Box # 590 Wells Road Suite, Apt #, etc. Suite 2 City & State Orange Park FL Zip 32073 Country USA		3. Mailing Address 590 Wells Road Suite, Apt #, etc. Suite 2 City & State Orange Park FL Zip 32073 Country USA			
4. FEI Number 59-3700687				Applied For ☐ No: Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				04252007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent MOUHOURTIS, CHRISTOPHER 462 KINGSLEY AVE SUITE 102 ORANGE PARK, FL 32073			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 590 Wells Road Suite 2 City Orange Park FL Zip Code 32073		
8. The above named entry 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  4/26/07 Signature of registered agent and (if applicable) Registered Agent signature required when dissolving. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOUHOURTIS, CHRISTOPHER 462 KINGSLEY AVE, SUITE 102 ORANGE PARK, FL 32073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 590 Wells Road, Suite 2 Orange Park, FL 32073	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
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:  4/26/07 (904) 278-4602 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #					