


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000025914

1. Entity Name
ESTATE HOME BUILDERS, INC.




FILED
04 OCT -4 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 78 MENTOR DRIVE NAPLES, FL 34110	Mailing Address 78 MENTOR DRIVE NAPLES, FL 34110
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2. Principal Place of Business 72 Mentor Dr.	3. Mailing Address 72 Mentor Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NAPLES, FL.	City & State Naples, FL.
Zip 34110	Zip 34110
Country USA	Country USA



09142004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3705009	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent DARRAGH, GREG 78 MENTOR DRIVE NAPLES, FL 34110	7. Name and Address of New Registered Agent Name Darragh, Greg Street Address (P.O. Box Number is Not Acceptable) New Address only → 72 Mentor Drive City Naples FL Zip Code 34110
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARRAGH, GREG	NAME	Darragh, Greg
STREET ADDRESS	78 MENTOR DRIVE	STREET ADDRESS	72 Mentor Drive
CITY-ST-ZIP	NAPLES, FL 34110	CITY-ST-ZIP	Naples, FL 34110
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARRAGH, JEFF	NAME	Darragh, Jeff
STREET ADDRESS	6070 20TH AVENUE, NW	STREET ADDRESS	139 Autumn Woods Dr.
CITY-ST-ZIP	NAPLES, FL 34119	CITY-ST-ZIP	Sweetwater, TN. 37874
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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: D. O. [Signature] 9/26/04 (239) 289-1030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #