2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 20, 2006 08:00 AN DOCUMENT # P01000031739 1. Entity Name **Secretary of State** HUGHES HOMES, INC. Principal Place of Business Mailing Address 11108 FAIRBANKS GRANT ROAD W PO BOX 57302 JACKSONVILLE FL 32223 JACKSONVILLE FL 32241 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-3730151 Not Applicable Zip Country Zιρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HUGHES, SCOTT Street Address (P.O. Box Number is Not Acceptable) 11108 FÁIRBANKS GRANT ROAD W JACKSONVILLE FL 32223 City Zip Code 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 Signature, typed or printed name of registered agent and title a applicable (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HUGHES, RANDALL S U00000442028 STREET ADDRESS 11108 FAIRBANKS GRANT ROAD W STREET ADDRESS 03/04/06-80002-015 150.00 CITY-ST-ZIP JACKSONVILLE FL 32223 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME HUGHES, DANA NAME STREET ADDRESS 11108 FAIRBANKS GRANT ROAD W STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32223 CITY-ST-ZIP TILE ☐ Delete IME Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-EP DITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HALAE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILLE 🔲 Delete TITLE Change ☐ 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 exemptions contained in Section 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.

2-15-06