2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000039275

BINKLEY, TAMMY J

1554 BEECHER LN

ORANGE PARK, FL 32073

Name:

Address:

City-St-Zip:

Entity Name: HOMES 4 SALE D. C., INC.

Apr 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2629 RIDGECREST AVE. ORANGE PARK, FL 32065 **Current Mailing Address: New Mailing Address:** 2629 RIDGECREST AVE ORANGE PARK, FL 32065 FEI Number: 59-3712288 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DONALD W. DUNCAN, P.A 25 FLORIDA PARK DR. NORTH PALM COAST, FL 32137 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition CARROLL, DENISE Name: Name: 2629 RIDGECREST AVE. Address: Address: City-St-Zip: ORANGE PARK, FL 32065 City-St-Zip: Title: Title: () Delete () Change () Addition Name: MURPHY, JUDY K Name: 2629 RIDGECREST AVE Address: Address: ORANGE PARK, FL 32065 City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition Title: CARROLL, THOMAS III CARROLL, THOMAS III Name: Name: 11335 RUSTIC PINES CIR E 8389 STAPLEHURST DR W Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32244 Title: () Delete Title: (X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

BINKLEY, TAMMY J

8397 STAPLEHURST DR W

JACKSONVILLE, FL 32244

SIGNATURE: DENISE CARROLL D 04/29/2005