2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Feb 02, 2004 8:00 am Secretary of State DOCUMENT # P01000045375 02-02-2004 90037 043 ***158.75 SUMMERFIELD HOMES, INC. Principal Place of Business Mailing Address 9732 CAMBERLEY CIRCLE 4724 LAKE CALABAY DR ORLANDO, FL 32837 ORLANDO, FL 32836 2. Principal Place of Business 3. Mailing Address 9732 camberley Circle Suite, Apt. #, etc. Suite, Apt. #, etc. 01082004 CR2E034 (10/03) Chg-P City & State 4. FEI Number Applied For City & State)rlando 59-3716163 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7.- Name and Address of New Registered Agent GRILLO, NICHOLAS K Street_Address (P.O. Box Number is Not Acceptable) 4724 LAKE CALABAY DR 9732 CAMBERLEY CIRCLE ORLANDO, FL 32837 ORLANDO 32836 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. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS Change Addition TITLE Delete TITLE GRILLO, NICHOLAS K NAME NAME 9732 CAMBERLEY CIRCLE 4724 LAKE CALABAY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32837 ORLANDO FL 32836 Delete TITLE Chance ☐ Addition TITLE NAME GRILLO, SUSAN K NAME 9732 CAMBERLEY CIRCLE STREET ADDRESS 4724 LAKE CALABAY DR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32036 ORLANDO, FL 32837 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE __ BULTEMEIER, DELL NAME STREET ADDRESS 115 COUNTRYSIDE DR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LONGWOOD, FL 32779 Delete ☐ Change ☐ Addition TIT) F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE J Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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, Mithyall other like empowered.

D NAME OF SIGNING OFFICER OR DIRECTOR

FILED