2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 30, 2006
Secretary of State

DOCUMENT# P01000060684

Entity Name: SIGNATURE SERIES HOMES, INC.

Current Principal Place of Business:

5610 DIVISION DR.
FORT MYERS, FL 33905

New Principal Place of Business:

4344 CHIQUITA BOULEVARD SOUTH
CAPE CORAL, FL 33914

Current Mailing Address:

5610 DIVISION DR.
FORT MYERS, FL 33905

New Mailing Address:

4344 CHIQUITA BOULEVARD SOUTH
CAPE CORAL, FL 33914

FEI Number: 65-1114611 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARGANO, ANTHONY J
2075 W FIRST ST STE 203
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: PETERS, KATHLEEN
Address: 5610 DIVISION DR.
City-St-Zip: FORT MYERS, FL 33905

Title: SEC ( ) Delete
Name: WALASKAY, JASON
Address: 5610 DIVISION DR.
City-St-Zip: FORT MYERS, FL 33905

Title: VP ( ) Delete
Name: LONG, ROBERT J
Address: 5610 DIVISION DR.
City-St-Zip: FT. MYERS, FL 33905

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: LONG, ROBERT J
Address: 4344 CHIQUITA BOULEVARD SOUTH
City-St-Zip: CAPE CORAL, FL 33914

Title: SEC (X) Change ( ) Addition
Name: GUTTSCHALK, TERRI L
Address: 4344 CHIQUITA BOULEVARD SOUTH
City-St-Zip: CAPE CORAL, FL 33914

Title: VP (X) Change ( ) Addition
Name: LONG, PATRICIA C
Address: 4344 CHIQUITA BOULEVARD SOUTH
City-St-Zip: CAPE CORAL, FL 33914

Title: TRES ( ) Change (X) Addition
Name: LONG, FALLON E
Address: 4344 CHIQUITA BOULEVARD SOUTH
City-St-Zip: CAPE CORAL, FL 33914

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

SIGNATURE: FALLON E. LONG TRES 10/30/2006
Electronic Signature of Signing Officer or Director Date