FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am Secretary of State

| OMITORIA BOS | INESS REPORT | (ODK) | • • • • • • • • • • • • • • • • • • • | , 26.0 00 *** 1.50.00 |
|--|---|--|--|-----------------------------------|
| DOCUMENT # P01000062159 V | | | 05-13-2002 90096 022 ***150.00 | |
| ALL FLORIDA HOME EUALVATION, INC. | | | | |
| - Alexandria Graego de Arte dos do Artesas | | eur en | | |
| 2. Principal Place of Business 1877 ESCWATER Suite, Apt. #, etc. | 3. Mailing Address 1877 EDC Suite, Apt. #, etc. | ewater_ | DO NOT WRITE IN THIS S | PACE ' |
| City & State OPLANDO FL | City & State | .FL | 4. FEI Number 59 – 37 3309 4 | Applied For Not Applicable |
| Zip Country OCANE | 2ip | Country ORANGE | 5 Certificate of Status Desired | \$8.75 Additional Fee Required |
| 7. Name and Address of Current Registered Agent | | | | Agent |
| Name CRS | | | GORY & TROTTER- | |
| TO NOT | WRITE | | P.O. Box Number is Not Acceptable) | <u></u> |
| IN THIS | SPACE | 520 | Highland Hue. | |
| | | | | |
| | | city cal | ANDO FL | Zip Code 3280\ |
| 8. The above named entity submits this state | ement for the purpose of changing its r | egistered office or register | red agent, or both, in the State of Florida. | |
| SIGNATURE Signature, typed or printed prints of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE. | | | | |
| 9. This corporation is eligible to satisfy its intangible After May (1-Fee) \$55000 10. Election Campaign Financing \$5.00 May Be | | | | |
| Tax filing requirement and elects to do so | Amended | Maria (MP) Dio Departuri no (Sta | | \$5.00 May Be Added to Fees |
| (See criteria on back) | | e to Department of Sta | | |
| | RS AND DIRECTORS | 5-77 C - 1 | | 5 |
| NAME GREG TROTTER | | NAME | enderte al constitution in the AP I was | 12 |
| STREET ADDRESS SZO HIGHLAND AUC. CITY-ST-ZIP CRIANDO, FL 32801 | | STREET ADDRESS (CITY-ST-ZIP) | | CRZE034B (12/01) |
| TITLE | | TITLE HARRE | | <u> </u> |
| NAME STREET ADDRESS | • | STREET ADDRESS | | |
| CITY-ST-ZIP | | CITY_ST/AP | | |
| TITLE | *************************************** | emiteria di di degli s | | |
| NAME | | NAME | | <u> </u> |
| STREET ADDRESS CITY-ST-ZIP | | CITY ST EP | DO NOT WRI | |
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| STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | | |
| ITTLE | | mu | | 2044 |
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| STREET ADDRESS | | STREET ADDRESS | on the street of the electric place of the control | |
| CITY - ST - ZIP | | (IIY-SI-7/P | | Alega (CP) |
| TITLE NAME | | HEU: Name | a an arabana a transportation and the first of the contract of | |
| STREET ADDRESS | | STREET ADDRESS | | |
| CITY-ST-ZIP | · · · · · · · · · · · · · · · · · · · | CITY ST-7(P) | | |
| 13. 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 11 or on an | | | | |
| attachment with an address, with all othe | r like empowered. | | | |
| SIGNATURE: | K" (sollt) | | 4-24-62 407. | <u>-943-0005</u> |
| SIGNATURE AND T | PED OR PRINTED NAME OF SIGNING OFFICER O | R DIRECTOR | Date Da | ayrime Phono # |