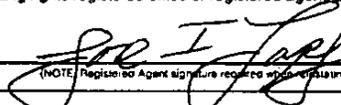
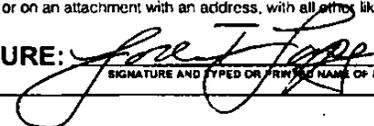


FILED
May 01, 2007 8:00 am
Secretary of State

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

04-16-2007 90084 025 ***150.00

DOCUMENT # P01000082790 1. Entity Name JILSUN HOMES, INC.		
Principal Place of Business 2087-A SARNO ROAD MELBOURNE, FL 32935		Mailing Address 2087-A SARNO ROAD MELBOURNE, FL 32935
2. Principal Place of Business - No P.O. Box # 486 N. Harbor City Blvd.		3. Mailing Address 486 N. Harbor City Blvd.
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Melbourne FL.		City & State Melbourne FL.
Zip 32935		Zip 32935
Country		Country
4. FEI Number 65-1134069		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LOPEZ, JOSE I 520 NW 114 AVE. MIAMI, FL 33172		7. Name and Address of New Registered Agent Name JOSE I LOPEZ Street Address (P.O. Box Number is Not Acceptable) 19501 W COUNTRY CLUB DR. #2408 City AVENTURA FL Zip Code 33180
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 JOSE I LOPEZ  DATE 4-12-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature requires notary attestation.)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P NAME LOPEZ, JOSE I <input checked="" type="checkbox"/> Delete	TITLE P NAME Jose I Lopez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 520 NW 114 AVE.
STREET ADDRESS MIAMI, FL 33172	STREET ADDRESS 19501 W. Country Club Dr #2408	CITY-ST-ZIP MIAMI, FL 33172
CITY-ST-ZIP MIAMI, FL 33172	CITY-ST-ZIP Aventura FL 33180	CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE NAME <input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS
STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP
CITY-ST-ZIP	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 Chapter 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.		
SIGNATURE: 		Date 4/12/07 305.218.3889 <small>Daytime Phone #</small>

00014700



01162007 Chg-P CR2E034 (12/06)