


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90013 028 ***150.00

DOCUMENT # P01000087124	
1. Entity Name CAPE QUALITY HOMES, INC.	

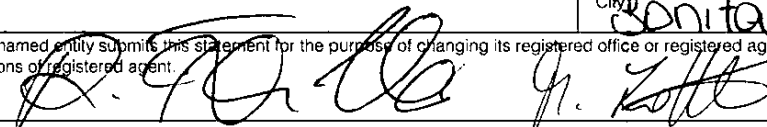
Principal Place of Business 1323 B CAPE CORAL PKWY EAST CAPE CORAL, FL 33904	Mailing Address 1323 B CAPE CORAL PKWY EAST CAPE CORAL, FL 33904
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2. Principal Place of Business - No P.O. Box # 3665 Bonita Beach Rd Suite, Apt. #, etc. Suite 3 City & State Bonita Springs, FL Zip 34134 Country USA	3. Mailing Address 3665 Bonita Beach Rd Suite, Apt. #, etc. Suite 3 City & State Bonita Springs, FL Zip 34134 Country USA
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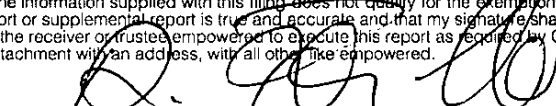


01192007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent MEINS, HARTMUT O.E. 1323 B CAPE CORAL PKWY EAST CAPE CORAL, FL 33904	7. Name and Address of New Registered Agent Name Allure Accounting, LLC Street Address (P.O. Box Number is Not Acceptable) 3665 Bonita Beach Rd. Suite 3 City Bonita Springs FL Zip Code 34134
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  DATE 03/02/07	

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEINS, HARTMUT O.E; 1323 B CAPE CORAL PKWY EAST CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREIMUELLER, RUEDIGER AM HANG 21 B EGGENSTEIN, BW 76344 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date	Daytime Phone #