


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90082 036 ***150.00

DOCUMENT # P01000094969 1. Entity Name BRESSLER CUSTOM HOMES, INC.					
Principal Place of Business 995 WESTWOOD SQUARE UNIT A OVIEDO, FL 32765			Mailing Address 995 WESTWOOD SQUARE UNIT A OVIEDO, FL 32765		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3747488	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BRESSLER, BRUCE 9656 BRYANSTON DR. ORLANDO, FL 32827				7. Name and Address of New Registered Agent Name Philip Bressler Street Address (P.O. Box Number is Not Acceptable) 995-A Westwood Square City Oviedo FL 32765	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	DV BRESSLER, BRUCE 9656 BRYANSTON DR. ORLANDO, FL 32827		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 995-A Westwood Square Oviedo, FL 32765	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRESSLER, PHILIP 9656 BRYANSTON DR. ORLANDO, FL 32827		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 995-A Westwood Square Oviedo, FL 32765	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S Elizabeth Beaudoin 995-A Westwood Square Oviedo, FL 32765	
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	
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	
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 # _____					

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