2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000098216

Entity Name: NEW VILLA HOMES, INC.

FILED Mar 22, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3240-14TH STREET NORTH 4014 GUNN HWY ST PETERSBURG, FL 33704

250

TAMPA, FL 33618

Current Mailing Address: New Mailing Address:

4014 GUNN HWY 3240-14TH STREET NORTH ST PETERSBURG, FL 33704 250 TAMPA, FL 33618

FEI Number: 59-3749330 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MANEE, JOSEPH JOHNSON, LEONARD H 3240-14TH STREET NORTH 37837 MERIDIAN AVE ST PETERSBURG, FL 33704 US 314 TAMPA, FL 33525 US

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: LEONARD H JOHNSON 03/22/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition MANEE, JOSEPH MOBLEY, TIMOTHY F Name: Name:

3240-14TH STREET NORTH 4014 GUNN HWY STE # 250 Address: Address: City-St-Zip: ST PETERSBURG, FL 33704 City-St-Zip: TAMPA, FL 33618

DVS Title: Title: () Delete (X) Change () Addition Name: MANEE, BAMBI Name: MEACHER, STEVE

3240-14TH STREET NORTH 4014 GUNN HWY STE# 250 Address: Address: ST PETERSBURG, FL 33704 TAMPA, FL 33618 City-St-Zip: City-St-Zip:

(X) Change () Addition Title: D () Delete Title:

FABER, JAMES GOODMAN, JAMIE Name: Name: 3240-14TH STREET NORTH 4014 GUNN HWY STE#250 Address: Address: ST PETERSBURG, FL 33704 City-St-Zip: TAMPA, FL 33618 City-St-Zip:

Title: DT (X) Delete Title: () Change () Addition

MAZZUCO, THOMAS Name: Name: Address: 3240-14TH STREET NORTH Address: City-St-Zip: ST PETERSBURG, FL 33704 City-St-Zip:

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: TIMOTHY F MOBLEY D 03/22/2006