# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 14, 2008**
**Secretary of State**

DOCUMENT# P01000098216

**Entity Name:** NEW VILLA HOMES, INC.

**Current Principal Place of Business:**

4014 GUNN HWY
250
TAMPA, FL 33618

**New Principal Place of Business:**

14824 N FLORIDA AVE
TAMPA, FL 33613

**Current Mailing Address:**

4014 GUNN HWY
250
TAMPA, FL 33618

**New Mailing Address:**

14824 N FLORIDA AVE
TAMPA, FL 33613

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

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

JOHNSON, LEONARD H
37837 MERIDIAN AVE
314
TAMPA, FL 33525 US

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

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: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: MOBLEY, TIMOTHY F
Address: 4014 GUNN HWY STE # 250
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete
Name: MEACHER, STEVE
Address: 4014 GUNN HWY STE# 250
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete
Name: GOODMAN, JAMIE
Address: 4014 GUNN HWY STE#250
City-St-Zip: TAMPA, FL 33618

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

Title: D (X) Change ( ) Addition
Name: MOBLEY, TIMOTHY F
Address: 14824 N FLORIDA AVE
City-St-Zip: TAMPA, FL 33613

Title: D (X) Change ( ) Addition
Name: MEACHER, STEVE
Address: 14824 N FLORIDA AVE
City-St-Zip: TAMPA, FL 33613

Title: D (X) Change ( ) Addition
Name: GOODMAN, JAMIE
Address: 14824 N FLORIDA AVE
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify 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 01/14/2008

Electronic Signature of Signing Officer or Director — Date