2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# P01000120153

Entity Name: FLORIDA HAUS, INC.

Current Principal Place of Business:

DREAMLAND HEIGHTS BUILDING 2ND FLOOR
COUNTY ROAD 30A - SUITE A
SEASIDE, FL 32459

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 4657
SEASIDE, FL 32459

New Mailing Address:

FEI Number: 94-3416626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NUNN, STEPHEN T
1070 N. COUNTY HWY 395
SANTA ROSA BEACH, FL 32459 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: NUNN, STEPHEN T
Address: 1070 N. COUNTY HWY 395
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete
Name: TROXEL, CHERYL
Address: 1066 N. COUNTY HIGHWAY 395
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: NUNN, STEPHEN T PRES.
Address: 1070 N. COUNTY HWY 395
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D (X) Change ( ) Addition
Name: TROXEL, CHERYL V.P.
Address: 1066 N. COUNTY HIGHWAY 395
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: CHERYL A. TROXEL V.P. 04/14/2009

Electronic Signature of Signing Officer or Director — Date