2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000009998

Entity Name: PINE RIDGE CUSTOM HOMES, INC.

FILED Apr 29, 2008 Secretary of State

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

P.O. BOX 3775 3990 N. BUCKHORN DRIVE HOMOSASSA SPRINGS, FL 34447 BEVERLY HILLS, FL 34465

Current Mailing Address: New Mailing Address:

P.O. BOX 3775 HOMOSASSA SPRINGS, FL 34447

FEI Number: 80-0030940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ANDERSON, THOMAS N
10200 W. FISHBOWL DRIVE
HOMOSASSA, FL 34448 US
ANDERSON, THOMAS N
3990 N. BUCKHORN DRIVE
BEVERLY HILLS, FL 34465 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: 04/29/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: ANDERSON, THOMAS N
Address: 10200 W FISHBOWI DE

Address: 10200 W. FISHBOWL DRIVE City-St-Zip: HOMOSASSA, FL 34448

 Title:
 VPS
 () Delete

 Name:
 ANDERSON, GAIL R

 Address:
 10200 W. FISHBOWL DRIVE

 City-St-Zip:
 HOMOSASSA, FL 34448

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition

Name: ANDERSON, THOMAS N Address: 3990 N. BUCKHORN DRIVE City-St-Zip: BEVERLY HILLS, FL 34465

Title: VPS (X) Change () Addition

Name: ANDERSON, GAIL R
Address: 3990 N. BUCKHORN DRIVE
City-St-Zip: BEVERLY HILLS, FL 34465

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: THOMAS N. ANDERSON PT 04/29/2008