2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 17, 2008 08:00 AN Secretary of State **DOCUMENT # P02000020742** AMORE' HOMES, INC. Principal Place of Business Mailing Address 2509 LAKESHORE DR. 2509 LAKESHORE DR. ORLANDO, FL 32803 ORLANDO, FL 32803 01142008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 01-0604203 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BENITEZ, GUS R ESQ DO NOT WRITE 1223 E. CONCORD ST. ORLANDO, FL 32803 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS MAGID, SHIRL T NAME STREET ADDRESS 2509 LAKE SHORE DR CITY-ST-ZIP ORLANDO, FL 32803 TITLE U00000787344 01/17/08-80077-020 150.00 MAGID, SHIRL T NAME STREET ADDRESS 2509 LAKE SHORE DR CITY - ST-ZIP ORLANDO, FL 32803 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filting 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

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NG OFFICER OR DIRECTOR