2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000035046

Entity Name: ABURTON HOMES, INC.

FILED Jan 25, 2005 Secretary of State

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

763 SW MACEDO BLVD 8000 SOUTH US HIGHWAY 1 PORT ST LUCIE, FL 34983

303

PORT ST LUCIE, FL 34983

Current Mailing Address: New Mailing Address:

8000 SOUGH US HIGHWAY 1 763 SW MACEDO BLVD PORT ST LUCIE, FL 34983 303

PORT ST LUCIE, FL 34983

FEI Number: 02-0582270 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:

WARBURTON, SUZETTE L WARBURTON, SUZETTE L 763 SW MACEDO BLVD 8000 SOUTH US HIGHWAY 1 PORT ST LUCIE, FL 34983 US

PORT ST LUCIE, FL 34983 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: SUZETTE L. WARBURTON 01/25/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

ADAMS, RICHARD A III ADAMS, RICHARD A III Name: Name: 763 SW MACEDO BLVD 8000 SOUTH US HIGHWAY 1 #303 Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34983 City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: (X) Change () Addition Title: () Delete WARBURTON, DONALD W Name: Name: WARBURTON, DONALD W 763 SW MACEDO BLVD 8000 SOUTH US HIGHWAY 1 #303 Address: Address: PORT SAINT LUCIE, FL 34983 PORT SAINT LUCIE, FL 34983 City-St-Zip: City-St-Zip:

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

ADAMS, CAROL N ADAMS, CAROL N Name: Name:

763 SW MACEDO BLVD 8000 SOUTH US HIGHWAY 1 Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34983 City-St-Zip: PORT SAINT LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CAROL N. ADAMS TR 01/25/2005