

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000049478

Entity Name: WIZARD CUSTOM HOMES, INC.

FILED
Apr 17, 2006
Secretary of State

Current Principal Place of Business:

CONSTRUCTION
4519 SE 16TH PLACE, UNIT 105
CAPE CORAL, FLORIDA, FL 33094

New Principal Place of Business:

Current Mailing Address:

4519 SE 16TH PLACE
UNIT 105
CAPE CORAL FLORIDA, FL 33904

New Mailing Address:

FEI Number: 04-3688432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMANN, EARL
4519 SW 16TH PLACE
UNIT 105
CAPE CORAL, FL 33904 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HADLEY, JOHANNA
Address: 4519 SE 16TH PLACE, UNIT 105
City-St-Zip: CAPE CORAL, FL 33904

Title: S () Delete
Name: MCMANN, EARL
Address: 4519 SE 16TH PLACE, UNIT 105
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCMANN, EARL
Address: 4519 SE 16TH PLACE, UNIT 105
City-St-Zip: CAPE CORAL, FL 33904

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: EARL G. MCMANN

P

04/17/2006

Electronic Signature of Signing Officer or Director

Date