


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**


05-12-2004 90208 022 \*\*\*150.00

<b>DOCUMENT # P02000069315</b>	
<b>1. Entity Name</b> DALLAS SCHMIDT HOMES, INC.	

<b>Principal Place of Business</b> 239 Copperfield Ct 1827 HONOURAS AVENUE MARCO ISLAND FL 34145	<b>Mailing Address</b> 1827 HONOURAS AVENUE 239 Copperfield Ct MARCO ISLAND FL 34145
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<b>2. Principal Place of Business</b> 239 Copperfield Ct Suite, Apt. #, etc.	<b>3. Mailing Address</b> 239 Copperfield Ct Suite, Apt. #, etc.
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<b>City &amp; State</b> Marco Island, FL	<b>City &amp; State</b> Marco Island, FL
<b>Zip</b> 34145	<b>Country</b> USA

	
MOORE	CR2E034 (11/03)
<b>4. FEI Number</b> 47-0833325	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> SCHMIDT, SHARON 1827 HONOURAS AVENUE 239 Copperfield Ct MARCO ISLAND FL 34145
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<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

<b>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.</b>
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
<b>DATE</b> _____

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> P	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> SCHMIDT, DALLAS		<b>NAME</b>	
<b>STREET ADDRESS</b> 1827 HONOURAS AVENUE 239 Copperfield Ct		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> MARCO ISLAND FL 34145		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> ST	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> SCHMIDT, SHARON		<b>NAME</b>	
<b>STREET ADDRESS</b> 1827 HONOURAS AVENUE 239 Copperfield Ct		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> MARCO ISLAND FL 34145		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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 an address, with all other like empowered.</b>
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<b>SIGNATURE:</b> Sharon Schmidt	<b>DATE:</b> 5-10-04	<b>DAYTIME PHONE #:</b> 239-394-3352
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		