2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 09, 2006
Secretary of State

DOCUMENT# P02000075440

Entity Name: CARLEY HOMES OF THE TREASURE COAST, INC.

Current Principal Place of Business:

3091 SW HARBOUR BLUFF PLACE
PALM CITY, FL 34990 US

New Principal Place of Business:

3081 SW HARBOUR BLUFF PLACE
PALM CITY, FL 34990 US

Current Mailing Address:

3091 SW HARBOUR BLUFF PLACE
PALM CITY, FL 34990 US

New Mailing Address:

3081 SW HARBOUR BLUFF PLACE
PALM CITY, FL 34990 US

FEI Number: 51-0420814 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FELDSTEEN, LEIGH N
3091 SW HARBOUR BLUFF PLACE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

STODDARD III, H. CLIFFORD
3081 SW HARBOUR BLUFF PLACE
PALM CITY, FL 34990 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: H. CLIFFORD STODDARD, III 05/09/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: FELDSTEEN, LEIGH N
Address: 3091 SW HARBOUR BLUFF PLACE
City-St-Zip: PALM CITY, FL 34990

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: STODDARD, III, H. CLIFFORD
Address: 3081 SW HARBOUR BLUFF PLACE
City-St-Zip: PALM CITY, FL 34990

Title: DS ( ) Change (X) Addition
Name: STODDARD, JOANNE A
Address: 3081 SW HARBOUR BLUFF PLACE
City-St-Zip: PALM CITY, FL 34990

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: H. CLIFFORD STODDARD, III DP 05/09/2006
Electronic Signature of Signing Officer or Director Date