## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2007 08:00 A **Secretary of State** DOCUMENT # P02000108018 1. Entity Name WOODMASTERS HOMES, INC. Principal Place of Business Malling Address 1423 W. PLYMOUTH AVENUE 1423 W. PLYMOUTH AVENUE DELAND, FL 32720 DELAND, FL 32720 02222007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 13-4218862 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WOOD, RICHARD A DO NOT WRITE BANK OF AMERICA TOWER, SEVENTEENTH FLOOR 100 SOUTHEAST SECOND STREET IN THIS SPACE MIAMI, FL 33131 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be П Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE DILALLA, BENJAMIN J JR. NAME STREET ADDRESS 1423 W. PLYMOUTH AVENUE CITY-ST-ZIP **DELAND, FL 32720** TITLE U00000665700 03/23/07~80039~024 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing 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 an address, with all other like empowered.

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR