2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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SIGNATURE:

Mar 01, 2006 8:00 am DOCUMENT # P02000112517 **Secretary of State** 1. Entity Name 03-01-2006 90036 039 ***150.00 PROCTOR HOMES INC. Principal Place of Business Mailing Address 1635 BONAVENTURE BLVD 1635 BONAVENTURE BLVD WESTON FL 33326 WESTON FL 33326 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 01-0748954 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PYCO, JOSE M Street Address (P.O. Box Number is Not Acceptable) 1635 BONAVENTURE BLVD. WESTON FL 33326 City Zio Code 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 required agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete THE THILE Change | Addition PYCO, JOSE M PYCO, JOSE M. NAME NAME 4323 E. WHITE WATER AUE. STREET ADDRESS 1997 PISCES TERRACE STREET ADDRESS CITY-ST-ZIP WESTON FL 33327 CITY-ST-ZIP WESTON, FL 3333Z Delete Change Addition RINGN, CLAUDÍA M. RINCON, CLAUDIA M NAME 4323 É. WHITE WATER AVE. STREET ADDRESS 1997 PISCES TERRACE STREET ADDRESS CITY-ST-ZIP WESTON FL 33327 CITY-ST-ZIP WESTON, FL 3333Z TILLE ☐ Change ☐ Addition Detete TETLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE بريشي. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report of 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 leavely or trustee empowered to execute this people as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

SIGNING OFFICER OR DIRECTOR

JOSE HIZDUEL PYCOZ /20/2006

FILED