2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P02000131226

WILLIAM DEAN HOMES II, INC.



FILED Jan 17, 2007 08:00 AM Secretary of State

Principal Place of Business

10246 SOUTHWEST FIRST COURT CORAL SPRINGS, FL 33071

Mailing Address

10246 SOUTHWEST FIRST COURT CORAL SPRINGS, FL 33071



01122007

No Chq-P

CR2E034 (11/05)

4. FEI Number 57-1143787

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

DEAN, WILLIAM E 10246 SOUTHWEST FIRST COURT CORAL SPRINGS, FL 33071

DO NOT WRITE IN THIS SPACE

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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				\$5.00 May Be Added to Fees	U00000589259 01/18/07-80009-007 158.75
10.	OFFICERS AND DIREC	TORS			· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEAN, WILLIAM E 10246 SOUTHWEST FIRST COURT CORAL SPRINGS, FL 33071				
TITLE	V				
NAME	FRYE, CATHI				
STREET ADDRESS	17628 MELLEN LANE				
CITY-ST-ZIP	JUPITER, FL 33478		İ		
TITLE	V SPAIN				
NAME STREET ADDRESS	DEAN, BRAIN 1242-2 CROSS CREEK CIRCLE				
CITY-ST-ZIP	TALLAHASSEE, FL 32301			DO	NOT WRITE
TITLE NAME STREET ADDRESS GITY-ST-ZIP	THE WINCOLL, TE OLOOT		IN THIS SPACE		
TITLE					

12. I hereby 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR