2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000133833 1. Entity Name **FILED** TEMPORARY HOUSING SYSTEMS OF FLORIDA, INC. 'Jul 09, 2008 08:00 AM **Secretary of State** Principal Place of Business Mailing Address 3469 PARKWAY CENTER 3469 PARKWAY CENTER ORLANDO, FL 32808 ORLANDO, FL 32808 07072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1645114 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE STEILEN, TED H 3469 PARKWAY CENTER IN THIS SPACE ORLANDO, FL. 32808 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS 10. **PRES** TIFLE STEILEN, TED H NAME STREET ADDRESS 3469 PARKWAY CENTER ORLANDO, FL 32808 CITY-ST-ZIP U000000953689 TITLE 07/09/08-80001-031 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7/P IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

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.

CICKIATUDE.

STREET ADDRESS CITY-ST-ZIP

7/7/208

(407)292-5822