2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000009799

Entity Name: TURN KEY HOMES, INC

FILED Jul 09, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

18493 MIAMI BLVD 1415 COLONIAL BLVD. FT MYERS, FL 33912

FT MYERS, FL 33907

Current Mailing Address: New Mailing Address:

1415 COLONIAL BLVD 18493 MIAMI BLVD FT MYERS, FL 33912 SUITE #3

FT MYERS, FL 33907

FEI Number: 30-0146060 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SILCOX, JEAN D HOME IMPROVEMENT USA 18493 MIAMI BLVD 1415 COLONIAL BLVD FORT MYERS, FL 33912 US SUITE #3

FORT MYERS, FL 33907 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: LARRY A. SIMONS 07/09/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Address:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition SILCOX, ELTON B DOUPE', TERRANCE M Name: Name:

18493 MIAMI BLVD 1415 COLONIAL BLVD Address: City-St-Zip: FT MYERS, FL 33912 City-St-Zip: FT MYERS, FL 33907

Title: DST Title: DST (X) Change () Addition () Delete Name: SILCOX, JEAN D Name: SIMONS, DARLENE D

18493 MIAMI BLVD 1415 COLONIAL BLVD Address: Address: FT MYERS, FL 33912 FT MYERS, FL 33907 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition () Delete DV

DOUPE', TERRANCE M SIMONS, LARRY A Name: Name: 222 EVERGREEN DR 1415 COLONIAL BLVD. Address: Address: City-St-Zip: N FORT MYERS, FL 33916 City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LARRY A. SIMONS 07/09/2005 DV