2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # P03000015426 02-06-2006 90069 034 ***150.00 1 Entity Name UPLAND HOMES, INC. Mailing Address Principal Place of Business -- 1005 S.E. LAKEVIEW DRIVE 1005-S.E."LAKEVIEW DRIVE SEBRING, FL 2. Principal Place of Busines: 5035. O-mul-la-oee 5035.0·mu Suite, Apt. #, etc. Suite, Apt. #, etc. 01252006 CR2E034 (11/05) Cha-P Applied For 4. FEI Number City & State City & State 90-0065478 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired ISA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GOSE, CHRIS D Street Address (P.O. Box Number is Not Acceptable) 1005 S.E. LAKEVIEW DRIVE SEBRING, FL City Zip 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 registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. D TITLE ☐ Change ☐ Addition TITLE ☐ Delete GOSE MARK E NAME NAME 1005 S.E. LAKEVIEW DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING, FL CITY-ST-ZIP ☐ Addition D TITLE ☐ Delete TITLE Change GOSE, CHRIS D NAME NAME 5716 REDWOOD TEIR. 5716 Redwood Terrace 2911 N.E. LAKEVIEW DRIVE STREET ADDRESS STREET ADDRESS Sebring, F1 33876 SEBRING, FL 33870 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Сhange ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ormation supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information suppliemental leport 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 eceiver or trustle empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if ment with an afforess, with all other like empowered. 12. I hereby certify that the in indicated on this report of of the corporation or the changed, or on an attack

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