2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006
Secretary of State

DOCUMENT# P03000016800

Entity Name: GREAT LAKES HOMES OF S.W. FL., INC.

Current Principal Place of Business:

10867 FIELDFAIR DRIVE
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

10867 FIELDFAIR DRIVE
NAPLES, FL 34119

New Mailing Address:

FEI Number: 72-1553535 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLSON, KARIN
10867 FIELDFAIR DRIVE
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: TRE ( ) Delete
Name: COLSON, KARIN A MRS.
Address: 10867 FIELDFAIR DRIVE
City-St-Zip: NAPLES, FL 34114 US

Title: SEC ( ) Delete
Name: COLSON, KARIN A MRS.
Address: 10867 FIELDFAIR DRIVE
City-St-Zip: NAPLES, FL 34114 US

Title: PRES ( ) Delete
Name: BURGESON, RICHARD J MR.
Address: 314 NEWPORT DRIVE #4
City-St-Zip: NAPLES, FL 34114 US

Title: VP ( ) Delete
Name: BURGESON, PATRICA MRS.
Address: 314 NEWPORT DRIVE #4
City-St-Zip: NAPLES, FL 34114 US

Title: VP ( ) Delete
Name: COLSON, KARIN A MRS.
Address: 10867 FIELDFAIR DRIVE
City-St-Zip: NAPLES, FL 34114 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change ( ) Addition
Name: BURGESON, RICHARD J MR.
Address: 17280-1 EAGLE TRACE
City-St-Zip: FORT MYERS, FL 33908 US

Title: VP (X) Change ( ) Addition
Name: BURGESON, PATRICA MRS.
Address: 17280-1 EAGLE TRACE
City-St-Zip: FORT MYERS, FL 33908 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: KARIN COLSON TRS 01/31/2006

Electronic Signature of Signing Officer or Director — Date