Apr 25, 2005 8:00 am Secretary of State 2005 FOR PROFIT CORPORATION **ANNUAL REPORT DOCUMENT # P03000022803** 04-25-2005 90309 011 ***150.00 1. Entity Name JEFF HENDRICKS HOMES, INC. Principal Place of Business Mailing Address 211 NURMI DRIVE 211 NURMI DRIVE FORT-LAUDERDALE: FL-33308-FORT LAUDERDALE, FL 33308 50043840 2. Principal Place of Business 3. Mailing Address 2/1 Nurmi Əlİ Nurmi Suite, Apt. #, etc. Suite, Apt. #, etc. 04122005 Chg-P CR2E034 (10/03) City & State 71. Lauderdale City & State 4. FEI Number Applied For FL Ft. Lauderdale APPLIED FOR 56-2319491 Not Applicable ^{Zip}3330/ Zip 33301. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEGALINFORMATION SERVICES INC Street Address (P.O. Box Number is Not Acceptable) 2500 WESTON ROAD SUITE 404 WESTON, FL 33331 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE □ Delete ☐ Addition HENDRICKS, JEFF NAME NAME 211 Normi Dr. 211 MURMI DRIVE STREET ADDRESS STREET ADDRESS F1. Lauderdale, FL 33301. CITY-ST-ZIP FT-LAUDERDALE, PL-33308 CITY-ST-ZIP ח TITLE Delete TITLE BELLET, MICHAEL NAME NAME 36 Fiesta Way. STREET ADDRESS 36 FIESTA-WAY STREET ADDRESS Ft. Lauderdale, FL. 33301 CITY-ST-ZIP FT-LAUDERDALE, FL-33308. CITY-ST-ZIP n TITLE TITLE ☐ Delete ☐ Change ☐ Addition CASTELLANG BORBY NAME NAME STREET ADDRESS 1200 WESTON ROAD P-H STREET ADDRESS CITY-ST-ZIP WESTON, FL 33326 CITY-ST-ZIP Delete TITLE nn¢ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IE CITY-ST-7IP TITLE ☐ Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify 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 signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver of thustee empty wered to execute this report as regulated 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: _

FILED