

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000025299

FILED
Jan 13, 2006
Secretary of State

Entity Name: CLASSIC HOMES INTERNATIONAL GROUP, INC.

Current Principal Place of Business:

15639 GREATER GROVES BLVD.
CLERMONT, FL 34714

New Principal Place of Business:

Current Mailing Address:

15639 GREATER GROVES BLVD.
CLERMONT, FL 34714

New Mailing Address:

FEI Number: 57-1181926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHEATLEY, ALISON
7380 SANDLAKE ROAD
SUITE 500
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

WHEATLEY, ALISON
15639 GREATER GROVES BLVD
CLERMONT, FL 34714 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: ALISON WHEATLEY

01/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WHEATLEY, ALISON
Address: 7380 SANDLAKE RD STE 500
City-St-Zip: ORLANDO, FL 32819 US

Title: D () Delete
Name: JONES, ANNE
Address: 3 BARNSTAPLE CLOSE, OAKWOOD
City-St-Zip: DERBY, UK DE21 2PQ,

Title: D () Delete
Name: JONES, DAVID
Address: 3 BARNSTAPLE CLOSE, OAKWOOD
City-St-Zip: DERBY, UK DE21 2PQ,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WHEATLEY, ALISON
Address: 15639 GREATER GROVES BLVD
City-St-Zip: CLERMONT, FL 34714 US

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

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: ALISON WHEATLEY

PD

01/13/2006

Electronic Signature of Signing Officer or Director

Date