

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Aug 10, 2009  
Secretary of State**

DOCUMENT# P03000040018

Entity Name: PREMIER MOBILE HOMES OF SOUTH FLORIDA, INC

**Current Principal Place of Business:**

5700 LAKE WORTH ROAD  
209-3  
GREENACRES, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

5700 LAKE WORTH ROAD  
209-3  
GREENACRES, FL 33463

**New Mailing Address:**

FEI Number: 14-1879975      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DECORT, CHARLEEN M  
5700 LAKE WORTH ROAD  
209-3  
GREENACRES, FL 33463 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

**OFFICERS AND DIRECTORS:**

Title: D                    ( ) Delete  
Name: DECORT, CHARLEEN M  
Address: 5700 LAKE WORTH ROAD SUITE 209-3  
City-St-Zip: WEST PALM BEACH, FL 33463

Title:                        ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: P                     ( ) Change (X) Addition  
Name: DECORT, CHARLEEN M  
Address: 5700 LAKE WORTH RD SUITE 209-3  
City-St-Zip: GREENACRES, FL 33463

I hereby certify that the information supplied with this filing does not qualify 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: CHARLEEN M DECORT

P

08/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date