


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 A
Secretary of State

DOCUMENT # P03000052330	
1. Entity Name HOMES BY CHRISTOPHER, INC.	

Principal Place of Business 2433 MAYLIN DRIVE TRINITY, FL 34655	Mailing Address 2433 MAYLIN DRIVE TRINITY, FL 34655
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DO NOT WRITE IN THIS SPACE



05022007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0119000	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PERENICH, TIMOTHY B 28059 US HIGHWAY 19 NORTH SUITE 100 CLEARWATER, FL 33761	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000762215 05/25/07-80088-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERENICH, G. CHRISTOPHER 2433 MAYLIN DRIVE TRINITY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERENICH, G. CHRISTOPHER 2433 MAYLIN DRIVE TRINITY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PERENICH, G. CHRISTOPHER 2433 MAYLIN DRIVE TRINITY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PERENICH, G. CHRISTOPHER 2433 MAYLIN DRIVE TRINITY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PERENICH, G. CHRISTOPHER 2433 MAYLIN DRIVE TRINITY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	5/1/2007
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>