2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000059196

Entity Name: TOTAL HOME EXTERIORS, INC.

FILED Jan 06, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3528 SIMCA DRIVE, WEST 110 CLAPTON WAY

JACKSONVILLE, FL 32277 JACKSONVILLE, FL 32220

Current Mailing Address: New Mailing Address:

3528 SIMCA DRIVE, WEST 110 CLAPTON WAY

JACKSONVILLE, FL 32277 JACKSONVILLE, FL 32220

FEI Number: 90-0084675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

TERRY, KEVIN N RAWSON, THOMAS B 3528 SIMCA DRIVE, WEST 110 CLAPTON WAY

JACKSONVILLE, FL 32277 US JACKSONVILLE, FL 32220 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: THOMAS B. RAWSON 01/06/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition TERRY, KEVIN N RAWSON, THOMAS B Name: Name: 3528 SIMCA DRIVE, WEST 110 CLAPTON WAY Address: Address: JACKSONVILLE, FL 32220 City-St-Zip: JACKSONVILLE, FL 32277 City-St-Zip:

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 RAWSON, THOMAS B
 Name:
 RAWSON, BRUCE W

 Address:
 8037 PLUMMER RD.
 Address:
 110 CLAPTON WAY

 City-St-Zip:
 JACKSONVILLE, FL 32219
 City-St-Zip:
 JACKSONVILLE, FL 32220

Title: D () Delete Title: D (X) Change () Addition

 Name:
 RAWSON, BRUCE WINSLOW
 Name:
 CARTER, WAYNE

 Address:
 8037 PLUMMER RD.
 Address:
 5634 110TH ST

City-St-Zip: JACKSONVILLE, FL 32219 City-St-Zip: JACKSONVILLE, FL 32244

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS B. RAWSON P 01/06/2005