2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 12, 2006 08:00 AM Secretary of State DQCUMENT # P03000060761 AFFORDABLE CAPE CORAL HOMES, INC. Principal Place of Business Mailing Address 5258 #2 CEDARBEND DRIVE P.O. BOX 101335 FORT MYERS, FL 33919 CAPE CORAL, FL 33910 01112006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 51-0497513 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent M. SOPHIA PRESCOTT DO NOT WRITE 5258 #2 CEDARBEND DRIVE FORT MYERS, FL 33919 IN THIS SPACE 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 explicable INOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME PRESCOTT, SOPHIA 5258 #2 CEDARBEND DR. STREET ADDRESS CITY-ST-7IP FORT MYERS, FL 33919 U00000503304 បន TITLE 04/26/06-80026-013 150.00 NASAE SENDRA, JOSE A STREET ADURESS 5258 #2 CEDARBEND DR. CITY-SI-ZIP FORT MYERS, FL 33919 TITLE

DO NOT WRITE
IN THIS SPACE

FILED

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 outrustee 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:

NAME STREET ADDRESS

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
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TITLE
NAME
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CITY-ST-ZP

CHY-ST-ZIP

04/10/06 (239) 945-677