2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# P03000076170

Entity Name: DECKER HOMES, INC.

Current Principal Place of Business:

215 N. LAKE AVE.
LEHIGH ACRES, FL 33972

New Principal Place of Business:

215 N. LAKE AVE.
LEHIGH ACRES, FL 33936

Current Mailing Address:

215 N. LAKE AVE.
LEHIGH ACRES, FL 33972

New Mailing Address:

215 N. LAKE AVE.
LEHIGH ACRES, FL 33936

FEI Number: 55-0839642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DECKER, MARK H
215 N. LAKE AVE.
LEHIGH ACRES, FL 33972 US

Name and Address of New Registered Agent:

DECKER, MARK H
215 N. LAKE AVE.
LEHIGH ACRES, FL 33936 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: _____ 03/06/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: DECKER, MARK H
Address: 215 N. LAKE AVE.
City-St-Zip: LEHIGH ACRES, FL 33936

Title: T ( ) Delete
Name: DONNER, RICHARD A
Address: 6309 CORPORATE CT., #115
City-St-Zip: FORT MYERS, FL 33919

Title: VP ( ) Delete
Name: DECKER, KATHERINE M VP/D
Address: 215 N. LAKE AVE.
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: VP ( ) Delete
Name: DECKER, JONATHAN A
Address: 215 N. LAKE AVE
City-St-Zip: LEHIGH ACRES, FL 33972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VP (X) Change ( ) Addition
Name: DECKER, JONATHAN A
Address: 215 N. LAKE AVE
City-St-Zip: LEHIGH ACRES, FL 33936

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: MARK H. DECKER PRES 03/06/2009
Electronic Signature of Signing Officer or Director — Date