2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 17, 2006 8:00 am Secretary of State DOCUMENT # P03000078228 01-17-2006 90227 049 ***150.00 1. Entity Name HAMPTON HOMES, INC. Principal Place of Business Mailing Address 24100 TISEO BOULEVARD 24100 TISEO BOULEVARD PORT CHARLOTTE, FL 33980 PORT CHARLOTTE, FL 33980 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 81-0623695 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.- Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUNDERSON, MIKO P Street Address (P.O. Box Number is Not Acceptable) % MCKINLEY, ITTERSAGEN, GUNDERSON & BERNTS 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948-1088 City 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 applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE ☐ Delete TITLE ☐ Addition ☐ Change TISEO, ALBERT, SR NAME NAME STREET ADDRESS 21370 HARBORSIDE BLVD. STREET ADDRESS CITY-ST-7IP PORT CHARLOTTE, FL 33952 CITY-ST-ZIP TITLE Delete Addition TITLE ☐ Change NAME NAME CARLO A TISEO 151 NORMAN STREET STREET ADDRESS STREET ADDRESS 3395+ CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 poor 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 of the powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplem of the corporation or the receiver changed, or on an attachment with ALBERT V. 11580 941-629-2148 SIGNATURE:

Date

FILED