2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000088678

Entity Name: CRNUHOMES, INC.

FILED Jul 04, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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9624 TOWER PINE DRIVE WINTER GARDEN, FL 34787

Current Mailing Address: New Mailing Address:

9624 TOWER PINE DRIVE WINTER GARDEN, FL 34787

FEI Number: 55-0838614 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:

MARION, CARL
9624 TOWER PINE DRIVE
WINTER GARDEN, FL 34787 US

MARCELLI, MONSERRAT
9624 TOWER PINE DRIVE
WINTER GARDEN, FL 34787 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: MONSERRAT MARCELLI 07/04/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 MARION, CARL L AP
 Name:
 MARTIN, ROBERT

 Address:
 9624 TOWER PINE DRIVE
 Address:
 9624 TOWER PINE DRIVE

 City-St-Zip:
 WINTER GARDEN, FL 34787
 City-St-Zip:
 WINTER GARDEN, FL 34787

 Name:
 MARION, C L
 Name:
 REAM, DEBORAH

 Address:
 9624 TOWER PINE DRIVE
 Address:
 9624 TOWER PINE DRIVE

 City-St-Zip:
 WINTER GARDEN, FL 34787
 City-St-Zip:
 WINTER GARDEN, FL 34787

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

 Name:
 MARCELLI, MONSERRAT

 Address:
 Address:
 9624 TOWER PINE DRIVE

 City-St-Zip:
 City-St-Zip:
 WINTER GARDEN, FL 34787

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

Name:Name:MARION, CARL LAddress:Address:9624 TOWER PINE DRIVECity-St-Zip:City-St-Zip:WINTER GARDEN, FL 34787

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: MONSERRAT MARCELLI VP 07/04/2008