

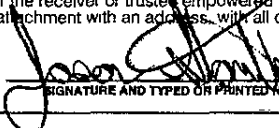


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000098194														
1. Entity Name STANLEY HOMES, INC.														
Principal Place of Business 700 N. WICKHAM ROAD #210 MELBOURNE, FL 32935 US	Mailing Address 700 N. WICKHAM ROAD #210 MELBOURNE, FL 32935 US	 01032005 No Chg-P CR2E034 (10/03) <table border="1"><tr><td>4. FEI Number 43-2027443</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 43-2027443	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required														
DO NOT WRITE IN THIS SPACE														
6. Name and Address of Current Registered Agent STANLEY, JASON C 700 N. WICKHAM ROAD #210 MELBOURNE, FL 32935		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____														
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees												
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>VP STANLEY, DOUGLAS C 1425 CROFTWOOD DRIVE MELBOURNE, FL 32935</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>PDS STANLEY, JASON C 700 N. WICKHAM ROAD #210 MELBOURNE, FL 32935</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr></table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STANLEY, DOUGLAS C 1425 CROFTWOOD DRIVE MELBOURNE, FL 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS STANLEY, JASON C 700 N. WICKHAM ROAD #210 MELBOURNE, FL 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000173202 01/07/05-80009-015 150.00 DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:  Jason C. Stanley 1/3/05 321-254-8455 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #														