

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000104454

FILED
Oct 11, 2005
Secretary of State

Entity Name: AWARD QUALITY HOMES INC.

Current Principal Place of Business:

51 PINE CROFT LN
PALM COAST, FL 32164

New Principal Place of Business:

6050 CR 304
BUNNELL, FL 32110

Current Mailing Address:

51 PINE CROFT LN
PALM COAST, FL 32164

New Mailing Address:

6050 CR 304
BUNNELL, FL 32110

FEI Number: 38-3689273

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, KEITH D
51 PINE CROFT LN
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

WARD, KEITH D
6050 CR 304
BUNNELL, FL 32110 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: KEITH D. WARD

10/11/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WARD, KEITH D
Address: 51 PINE CROFT LN
City-St-Zip: PALM COAST, FL 32164

Title: ST () Delete
Name: WARD, AMY
Address: 51 PINE CROFT LN
City-St-Zip: PALM COAST, FL 32164

Title: V (X) Delete
Name: YELVINGTON, AUSTIN
Address: 1194 MCGLON RD
City-St-Zip: PIERSON, FL 32180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WARD, KEITH D
Address: 6050 CR 304
City-St-Zip: BUNNELL, FL 32110

Title: ST (X) Change () Addition
Name: WARD, AMY
Address: 6050 CR 304
City-St-Zip: BUNNELL, FL 32110

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KEITH D. WARD

P

10/11/2005

Electronic Signature of Signing Officer or Director

Date