


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000104454

1. Entity Name
AWARD QUALITY HOMES INC.



Principal Place of Business
6050 CR 304
BUNNELL, FL 32110

Mailing Address
6050 CR 304
BUNNELL, FL 32110

DO NOT WRITE IN THIS SPACE



05162008 No Chg-P CR2E034 (11/05)

4. FEI Number
38-3689273 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WARD, KEITH D
6050 CR 304
BUNNELL, FL 32110

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) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WARD, KEITH D
STREET ADDRESS	6050 CR 304
CITY-ST-ZIP	BUNNELL, FL 32110
TITLE	ST
NAME	WARD, AMY
STREET ADDRESS	6050 CR 304
CITY-ST-ZIP	BUNNELL, FL 32110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

INDIVIDUALS: 65730
 05/22/06-80010-006 158.75

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 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: changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Amy Ward Pres./cc.* 5/16/06 386-437-3927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #