2005 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 18, 2005 08:00 AM Secretary of State **DOCUMENT # P03000106243** PAUL B. JOHNSON CUSTOM HOMES, INC. Principal Place of Business Mailing Address 440 JENNIFER CT. 440 JENNIFER CT. LAKE MARY, FL 32746 LAKE MARY, FL 32746 04142005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0257647 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JOHNSON, PAUL B DO NOT WRITE 440 JENNIFER CT LAKE MARY, FL 32746 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 1100000313211 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees 04/18/05-80116-006 150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. D TITLE JOHNSON, PAUL B NAME 440 JENNIFER CT. STREET ADDRESS LAKE MARY, FL 32746 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this fifing does not qualify for the exemption stated in Section 119.07(3)(1). 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

SIGNATURE:

CITY-ST-7IP

SKINATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR