

FROM : THE BOTTOM LINE

PHONE NO. : 1 813 522 146

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90004 037 \*\*\*550.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           |                                                                                                                                         |                                                                   |
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| <b>DOCUMENT # P03000107881</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                           |                                                        |                                                                   |
| 1. Entity Name<br><b>PERRY MONDA HOMES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           |                                                                                                                                         |                                                                   |
| Principal Place of Business<br><b>6014 22ND AVENUE DRIVE EAST<br/>PALMETTO, FL 34221</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           | Mailing Address<br><b>6014 22ND AVENUE DRIVE EAST<br/>PALMETTO, FL 34221</b>                                                            |                                                                   |
| 2. Principal Place of Business<br><b>6014 22ND AVE DR. EAST</b><br>State, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           | 3. Mailing Address<br><b>6014 22ND AVE DR. E EAST</b><br>State, Apt. #, etc.                                                            |                                                                   |
| City & State<br><b>Palmetto, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           | City & State<br><b>Palmetto, FL</b>                                                                                                     |                                                                   |
| Country<br><b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           | Country<br><b>USA</b>                                                                                                                   |                                                                   |
| Zip<br><b>34221</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           | Zip<br><b>34221</b>                                                                                                                     |                                                                   |
| 4. FEI Number<br><b>510489230</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           | Applied For<br><input type="checkbox"/> Not Applicable                                                                                  |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                           | <b>\$8.75</b> Additional Fee Required                                                                                                   |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>MONDA, MARIO<br/>6014 22ND AVENUE DRIVE EAST<br/>PALMETTO, FL 34221</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |                                                                   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and into if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |                                                                                                                                         |                                                                   |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 8, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                  |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS s. 11                                                                                   |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PO<br>MONDA, PERRY F<br>6014 22ND AVENUE DRIVE EAST<br>PALMETTO, FL 34221 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VO<br>MONDA, MARIO<br>6014 22ND AVENUE DRIVE EAST<br>PALMETTO, FL 34221 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                           | 7/5/04                                                                                                                                  |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           | Date                                                                                                                                    |                                                                   |

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