2005 FOR PROFIT CORPORATION

SIGNATURE:

Mar 16, 2005 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P03000118608** 03-16-2005 90030 004 ***150.00 START RIGHT HOUSES, INC. Principal Place of Business Mailing Address 1405 FOX CHAPEL DR. 1405 FOX CHAPEL DR. LUTZ, FL 33549 LUTZ, FL 33549 3. Mailing Address 2. Principal Place of Business 22282 BLUME 22282 BlUME ST Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01252005 Chg-P City & State BROOKS VILLE City & State 4. FEI Number Applied For 51-0488140 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired HERANDO Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEVEN TALLEY, STEVEN Street Address (P.O. Box Number is Not Acceptable) 1405 FOX CHAPEL DR. LUTZ, FL 33549 22282 BlUME BRODKSVIlle 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 51606 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D ☐ Delete TITLE TITLE Change Addition TALLEY STEVEN TALLEY, STEVEN NAME STREET ADDRESS 1405 FOX CHAPEL DR. STREET ADDRESS BROOKSVILLE, FL CITY-ST-ZIP LUTZ, FL 33549 CITY-ST-ZIP D TITLE ☐ Delete TITLE TAlley , MARIA TALLEY, MARIA NAME NAME 22282 BlUME ST STREET ADDRESS 1405 FOX CHAPEL DR. STREET ADDRESS BROOKSUITE, FL CITY-ST-ZIP LUTZ, FL 33549 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED