2007 FOR PROFIT CORPORATION

Apr 05, 2007 08:00 A Secretary of State ANNUAL REPORT DOCUMENT # P03000119755 1. Entity Name ED WIRE HOMES, INC. Principal Place of Business Mailing Address 4282 CARDINAL BLVD. 4282 CARDINAL BLVD. WILBUR BY THE SEA, FL 32127 WILBUR BY THE SEA, FL 32127 US No Chg-P CR2E034 (11/05) 03232007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0354946 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WIRE, EDWARD M DO NOT WRITE 4282 CARDINAL BLVD. WILBUR BY THE SEA, FL 32127 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. DATE Signature, lyned or printed name of registered agent and fille if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2007 Fee will be \$550.00 10 OFFICERS AND DIRECTORS PD HILL WIRE, EDWARD M NAME U00000691738 570 HEATHER LANE STREET ADDRESS 04/13/07-80022-022 150.0**0** C114-S1-ZIP ORANGE CITY, FL 32763 HILE NAME STREET ADDRESS CITY-ST-ZIP HITE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE HILLE NAME STREET ADDRESS CITY-\$1-7/P HILL

shing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information fie and accordate any that it is signature shall have the same legal effect as if made under oath; that I am an officer or director ered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if 12. Thereby certify that the information supplied with indicated on this report or suppliernental reports to of the corporation or the receiver or trusted into ochanged, or on an attachment with an address, will

SIGNATURE:

STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED