2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2007 8:00 am Secretary of State

ANNOAL KLI OKI						03-12-2007 90375 050 ***150.00					
DOCUMENT # P03000134618 1. Entity Name PLYMEL HOMES, INC.							U3-1 <i>2-2</i> 0	0/903/3	050 ****1	50.00	
Principal Place of Business Mailing Address						ADI	194595				
2620 MAURITANIA RD Punta Gorda, FL 33983		2620 MAURITANIA RD Punta Gorda, FL 33983)34525 		1881) (BIT BITE BIEL			
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02072007	Chg-P	CR2E	034 (12/06)			
City & State		City & State		_	4. FEI Number Applied For 84-1628576 Not Applied For						
Zíp	Country Zip Cou		Count	try			of Status Desired	ı 🗆	\$8.75 Add		
	6. Name and Address of Current F	Registered Agent				7. Name and /	Address of New	Registered			
DIAMETER DIAMETER				Name							
PLYMEL, DUANE L 2620 MAURITANIA RD. PUNTA GORDA, FL 33983				Street Address (P.O. Box Number is Not Acceptable)							
1 -11	71 W 7 7 . E 00000										
				City				FL	Zip Cod	е	
8. The above named entity submits this statement for the purpose of changing its registered office of						d agent, or both	, in the State of f		_	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											
FILE NOW!!! FEE IS \$150.00 - After May 1, 2007 Fee will be \$550.00 - Trust Fund Contribution Added to Fees								,	·		
10.	OFFICERS AND I	DIRECTORS	11.			ADDITIONS/C	HANGES TO OF	FFICERS AND	DIRECTOR:	S IN 11	
TITLE	PSTD	2 50.00							Change	☐ Addition	
name Street address			NAME	e Et adoress							
CITY-ST-ZIP				-ST-ZIP							
IITLE	S					******			☐ Change	☐ Addition	
NAME	PLYMEL, MONIQUE		NAME	1						_	
STREET ADDRESS City-St-Zip	2620 MAURITANIA ROAD PUNTA GORDA, FL 33983			et address - St-zip							
TITLE			TITLE						☐ Change	☐ Addition	
NAME		L. Deide	NAME	i i					L.J Ulanyo	L Modition	
STREET ADDRESS CITY-ST-27P			1	ET ADORESS - ST-ZIP							
TITLE		☐ Delete	TITLE						☐ Change	Addition	
NAME	. N		NAME							_	
STREET ADDRESS CITY-ST-ZIP				et adoress - St-Zip							
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"STREET ADDRESS"				ET ADDRESS .	· e	• •					
City-St-ZiP	<u> </u>		CITY-	-ST-ZIP							

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

SIGNATURE: DUANE L. PLYMEL - PRESIDENT 3-7-07 941-624-6731