2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 13, 2007 8:00 am **Secretary of State** DOCUMENT # P04000005504 1. Entity Name 02-13-2007 90046 021 ***150.00 RIGHT CHOICE HOMES INC Principal Place of Business Mailing Address 11143 WILLMINGTON BLVD. 11143 WILLMINGTON BLVD. ENGLEWOOD FL 34224 ENGLEWOOD FL 34224 2. Principal Place of Business - No P.O. Box # 3310 Le Jeune ST 3. Mailing Address 2310 LeJeune St Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Port CHarlotte Port CHarlotte 4. FEI Number Applied For 20-0560327 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTINS, DAVID D 1181 MCCORY ST. NORTH PORT FL 34286 2310 Le Jeune Poit CHarlotte 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, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. esident BHE ☐ Delete TITLE Change ☐ Addition DAVID MARTINS MARTINS, DAVID D NAM NAME 1181 MCCORY ST. STREET ADDRESS STREET ADDRESS 2310 Le Jeune ST Port CHarlotte FI NORTH PORT FL 34286 CHY-SI-ZIP CITY ST-7IP 33953 SEC DILE ☐ Delete TITLE Daniel O Martins ■ Addition MARTINS, DANIEL D NAME NAME 1181 MCCORY ST. STREET ADDRESS STREET ADDRESS 2310 Le Jeune st Port Charlotte F1 NORTH PORT FL 34286 CITY - ST - 7IP CITY - ST - ZIP HRE ☐ Delete TITLE Addition Daniel A MArtins MARTINS, DANIEL D NAME NAM 2310 Le Jeune st 1181 MCCORY ST. STREET ADDRESS STREET ADDRESS NORTH PORT FL 34219 Port Charlotte F1 33953 CITY - ST - ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE Delete HHE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CHY-ST-ZIP CITY - ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 attackment with an address, with all other like empowered.

FILED

MArTims - President 3-5-07 740-0170