## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 29, 2007 8:00 am Secretary of State

ANNOAL KET OKT						Secretary or State				
1. Entity Nam	18	# P0400015 HOMES, INC.	01-29-2007 90088 018 ***150.00							
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Principal Place	e of Business	5	Mailing Address				000	, •		
3230 CULLEI	NDALE DR.		27251 S.R. 54,							
TAMPA, FL 3			SUITE B-14, PMB 224				•			
· ·			WESLEY CHAPEL, FL 33	543						
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address										
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Suite, Apt.		<u> </u>	Suite, Apt. #, etc.		<u>, , , , , , , , , , , , , , , , , , , </u>			000		
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City & State			City & State			4. FEI Numbe			IAr	pplied For
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Zip		Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add	
33544		usa	33544	MSA		L			Fee Require	a
	6. Name	and Address of Current	Registered Agent			7. Name and	Address of New	Registere	d Agent	
ł <u> </u>			_	. Name						
KEEFE, M	ICHAEL B			Change A		D.O. Day Numb		la)		
S.R. 54		_				المنافعة المناسلة	er is Not Acceptab	P 14		
SUITE B-1				-2-3-	1-12	W INTE	, <u>31-40</u>	1 114	<u></u>	
WESLEY (	CHAPEL,	FL 33543								
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8. The above	named entit	y submits this statement fo	r the purpose of changing its r			ed agent, or bo	th, in the State of F	lorida. 1 a	m familiar with,	and accept
the obligat	tions of regist	tered agent.		•	•	ū				·
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SIGNATURE.	···	actual ()	I tul					(-5	5-07	
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signatu	ne required	when reinstating)		( - 2	5-07	
SIGNATURE	Signature, typed	or printed name of registered agent						0 - 2	5-07	
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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.

STREET ADDRESS

C!TY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATORE	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #	
SIGNATURE:	midal De lul	1-25-07	813 991-7722	