2007 FOR PROFIT CORPORATION

Mar 29, 2007 08:00 A **ANNUAL REPORT** Secretary of State DOCUMENT # P04000023097 1. Entity Name R.M.I. FOR HOMES, INC. Principal Place of Business Mailing Address 20236 SPARKMAN LANE 20236 SPARKMAN LANE GROVELAND, FL 34736 GROVELAND, FL 34736 02142007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3781953 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MADISON, MARGARET DO NOT WRITE 20236 SPARKMAN LANE GROVELAND, FL 34736 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, typed or printed name of registered agent and title if applicable (NOTE: Bagistered Agent suggeture required when registring) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PSD** NAME MADISON, MARGARET 1701 HWY A1A, STE 220 STREET ADDRESS VERO BEACH, FL 329632206 CITY-ST-ZIP VTD TITLE MADISON, PAUL C NAME U00000682551 STREET ADDRESS 1701 HWY A1A, STE 220 .04/05/07-80008-001 150.0b VERO BEACH, FL 329632206 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 of the 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 a

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CHY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED