


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90053 011 ***150.00

DOCUMENT # P04000024032

1. Entity Name
DC HOMES PLUS, INC.



Principal Place of Business
**1851 NW 5TH TERRACE
 POMPANO, FL 33060**

Mailing Address
**1851 NW 5TH TERRACE
 POMPANO, FL 33060**

50013190



2. Principal Place of Business
9741-208 St
 Suite, Apt. #, etc.

3. Mailing Address #L
9741 208 St
 Suite, Apt. #, etc.

01192005 Chg-P CR2E034 (10/03)

City & State
O'Brien Florida

City & State
O'Brien Florida

Zip Country
32071 U.S.A.

Zip Country
32071 U.S.A.

4. FEI Number
20-0729635

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
~~BROWN, BEVIN C~~
~~2255 GLADES ROAD, SUITE 324A~~
~~BOCA RATON, FL 33431~~

7. Name and Address of New Registered Agent
 Name
Ellonia Campbell

Street Address (P.O. Box Number is Not Acceptable)
9741-208 St.

City
O'Brien

FL Zip Code
32071

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 **Ellonia Campbell** DATE **2-7-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMPBELL, DANYELL Z 1851 NW 5TH TERRACE POMPANO, FL 33060 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EBANKS, NADINE E 1851 NW 5TH TERRACE POMPANO, FL 33060 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMPBELL, ERICA M 1851 NW 5TH TERRACE POMPANO, FL 33060 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPBELL, ELLONIA 1851 NW 5TH PLACE POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Ellonia Campbell** DATE: **2-7-05** (388) 208-0822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #