

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P04000071713</b> 1. Entity Name <b>A ALL STAR MFG.HOMES, INC.</b>						<b>FILED</b> 05 MAY 27 PM 2:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business <b>6115 IDLEWILD STREET FORT MYERS, FL 33912</b>				Mailing Address <b>P.O. BOX 4518 NO. FORT MYERS, FL 33918</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address <b>P.O. BOX 3424</b> Suite, Apt. #, etc.			
City & State				City & State <b>No. Fort Myers, Fl.</b>			
Zip		Country		Zip <b>33918</b>		Country	
4. FEI Number <b>77-0634161</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>WHIDDEN, BILLY 80 PONDELLA ROAD, STE. G NO. FORT MYERS, FL 33903</b>				7. Name and Address of New Registered Agent Name <b>Raymond Christopher</b> Street Address (P.O. Box Number is Not Acceptable) <b>6115 Idlewild St.</b> City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33912</b>			
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 <b>05-25-05</b> <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE <b>D</b> <input checked="" type="checkbox"/> Delete NAME <b>WHIDDEN, BILLY</b> STREET ADDRESS <b>P.O. BOX 4518</b> CITY-ST-ZIP <b>NO. FORT MYERS, FL 33918</b>				TITLE <b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Raymond Christopher</b> STREET ADDRESS <b>6115 Idlewild St.</b> CITY-ST-ZIP <b>Fort Myers, Fl. 33912</b>			
TITLE <b>D</b> <input checked="" type="checkbox"/> Delete NAME <b>MARTIN, PAUL</b> STREET ADDRESS <b>P.O. BOX 4518</b> CITY-ST-ZIP <b>NO. FORT MYERS, FL 33918</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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:				<b>05 25 05 (239) 989-5937</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			