2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000076447

Entity Name: PEAR TREE HOMES, INC.

FILED Apr 11, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5900 TOWNSEND ROAD 7024 PRESTWICK CIRCLE NORTH

#1128 JACKSONVILLE, FL 32244 JACKSONVILLE, FL 32244

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 440485 JACKSONVILLE, FL 32222

FEI Number: 84-1647106 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WEST, APRIL K
5900 TOWNSEND ROAD
#1128
JACKSONVILLE, FL 32244 US

WEST, APRIL K
7024 PRESTWICK CIRCLE NORTH
JACKSONVILLE, FL 32244 US

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.

SIGNATURE: 04/11/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: WEST, APRIL K
Address: 5900 TOWNSEND ROAD #1128

Name: WEST, APRIL K
Address: 7024 PRESTWICK CIRCLE NORTH

Address: 5900 TOWNSEND ROAD #1128 Address: 7024 PRESTWICK CIRCLE NORTH City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: JACKSONVILLE, FL 32244

Title: SV () Delete Title: SV (X) Change () Addition

Name: WEST, JOSHUA N Name: WEST, JOSHUA N

Address: 5900 TOWNSEND ROAD #1128 Address: 7024 PRESTWICK CIRCLE NORTH City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: JACKSONVILLE, FL 32244

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: A. KIRSTY WEST PD 04/11/2006