## **FILED** 2008 FOR PROFIT CORPORATION Apr 16, 2008 08:00 Al Secretary of State ANNUAL REPORT DOCUMENT\_# P04000105533 EXQUISITE HOMES, INC. Principal Place of Business Mailing Address 718 TUSCANNY ST. 718 TUSCANNY ST. BRANDON, FL 33511-6185 BRANDON, FL 33511-6185 04132008 No Chq-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 71-0969463 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BEARD, KIMBERLY A DO NOT WRITE 718 TUSCANNY ST. BRANDON, FL 33511-6185 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, Lam familiar with and accept

the obligations of registe		ging no regional annot a regionale again, and	on, in the otate of Honga	Tam taminar with and acce	-
SIGNATURE					
Signature, typed or	r printed name of registered agent and little if applicable	(NOTE: Registered Agen) signature required when reinstating)		DATE	

 $\Box$ 

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. CEO TITLE NAME BEARD, BRIAN S STREET ADDRESS 718 TUSCANNY ST. CITY-ST-ZIP BRANDON, FL 335116185 TITLE BEARD, BRIAN S NAME STREET ADDRESS 718 TUSCANNY ST. CITY - ST - ZIP BRANDON, FL 335116185 CFO TITLE NAME BEARD, KIMBERLY A STREET ADDRESS 718 TUSCANNY ST. CITY-ST-ZIP BRANDON, FL 335116185 TITLE NAME BEARD, KIMBERLY A STREET ADDRESS 718 TUSCANNY ST. CITY-ST-ZIP BRANDON, FL 335116185 THIE NAME STREET ADDRESS CITY - ST - ZIP

100000900902 29708-80048-010 158.75

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

12. Thereby 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

SIGNATURE:

TITLE NAME STREET ADDRESS

NG OFFICER OR DIRECTOR