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Jun 06, 2005 8:00 am
Secretary of State

05-03-2005 90086 047 ***150.00

2005 FOR PROFIT CORPORATION

66021567

DOCUMENT # **P04000131852**

1. Entity Name

INVENTIVE HOMES CORPORATION

Principal Place of Business	Mailing Address
2338 SE OCEAN BLVD. #193 STUART, FL 34996	2338 SE OCEAN BLVD. #193 STUART, FL 34996

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 161708307 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351

7. Name and Address of New Registered Agent

Name Carole Esch

Street Address (P.O. Box Number is Not Acceptable)
3631 SE Clubhouse PL

City Stuart FL Zip Code 34997

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 Carole M. Esch 4-30-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SWEENEY DAVID J 3622 SE CLUBHOUSE PLACE STUART, FL 34996 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ESCH ARTHUR 3622 SE CLUBHOUSE PLACE STUART, FL 34996 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ESCH CAROLE 3622 SE CLUBHOUSE PLACE STUART, FL 34996 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 20 APR 05 301 481 3000
SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR Date Daytime Phone #