FILED May 03, 2006 8:00 am Secretary of State

2006 FOR PROFIT CORP	<u> </u>
ANNUAL REPOR	RT

DOCUMENT # P04000153400

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-03-2006 90211 020 ***150.00 JEFF HENDRICKS HOMES V, INC. Principal Place of Business Mailing Address 4000-211 NURMI DR 211 NURMI DR FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301 3. Mailing Address
1324 Bayujau 2. Principal Place of Business Suite, Apt. #, etc/ Suite, Apt. #, etc/ 04262006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For Lauderdale 27-0108777 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA 25A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEGAL INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2500 WESTON ROAD SUITE 404 WESTON, FL 33331 Zip Code FI 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 Signature, typed or printed name of registered agent and little if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Addition TITLE ☐ Delete HENDRICKS, JEFF NAME NAME STREET ADDRESS 211 NURMI DR STREET ADDRESS FORT LAUDERDALE, FL 33301 CITY-ST-7IP CITY-ST-7P ☐ Delete Change TITLE Addition TITLE BELLET, MICHAEL NAME MAME 36 FIESTA WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL 33301 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby 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 changed, or on an attachment with an address, with all other like empowered.