2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 10, 2006 8:00 am Secretary of State DOCUMENT # P04000155633 01-10-2006 90032 006 ***158.75 WILLIAM DEAN HOMES OF LAKELAND, INC. Principal Place of Business Mailing Address 7010 PENINSULA LAKE COURT 7010 PENINSULA LAKE COURT 60000854 LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 2. Principal Place of Business 3. Mailing Address 308 E Lemon Street 308 E Lemon Street Suite, Apt. #, etc Suite, Apt. #, etc. 01042006 CR2E034 (11/05) 101 City & State City & State 4. FEI Number Applied For akeland, Florida Lakeland, 20-1883224 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33801 33801 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEAN, MICHAEL E Street Address (P.O. Box Number is Not Acceptable) 7010 PENINSULA LAKE COURT 2170 Morgan Wieland Lane LAKE WORTH, FL 33467 #10G 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 Michael E Dean President Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition DEAN, WILLIAM E NAME STREET ADDRESS 10246 SW 1ST COURT STREET ADDRESS CITY-ST-7IP CORAL SPRINGS, FL 33071 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition DEAN, MICHAEL E DEAN, MILHAEL E NAME NAME 2170 MORGAN WIELAND LANE #106 STREET ADDRESS 7010 PENINSULA LAKE COURT STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33467 CITY-ST-ZIP LAKELAND, FL 33813 TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR