2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 03, 2006 8:00 am Secretary of State DOCUMENT # P04000159551 05-03-2006 90217 009 ***150.00 JEFF HENDRICKS HOMES VII. INC. Principal Place of Business Mailing Address 211 NURMI DR 211 NURMI DR FT LAUDERDALE, FL 33301 FT LAUDERDALE, FL 33301 2. Principal Place of Business 3. Mailing Address lrive Bayview Barview 324 1324 04262006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Applied For City & State .t. Lauderdale 01-0823784 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired US A Fee Required 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 RD STE 404 WESTON, FL 33331 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Delete HENDRICKS, JEFF NAME NAME 211 NURMI DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE, FL 33301 Delete TITLE Change Addition TITLE NAME HENDRICKS, SUZANNE NAME STREET ADDRESS 211 NURMI DR STREET ADDRESS FT LAUDERDALE, FL 33301 CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE HAMMOND, ANNE M NAME NAME 211 NURMI DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL. 33301 Delete ☐ Change ☐ Addition TITLE TITLE HAMMOND, KEITH NAME NAME STREET ADDRESS STREET ADDRESS 211 NURMI DR CITY-ST-7IP FT LAUDERDALE, FL. 33301 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE 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 requirer 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.

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED