

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000169924

Entity Name: HEDMAN HOMES, INC.

FILED
Oct 28, 2005
Secretary of State

Current Principal Place of Business:

608 SOUTHWEST 9TH COURT
CAPE CORAL, FL 33991

New Principal Place of Business:

4520 SKYLINE BLVD.
110
CAPE CORAL, FL 33914

Current Mailing Address:

608 SOUTHWEST 9TH COURT
CAPE CORAL, FL 33991

New Mailing Address:

4520 SKYLINE BLVD.
110
CAPE CORAL, FL 33914

FEI Number: 83-0417426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HEDMAN, HENRY
608 SOUTHWEST 9TH COURT
CAPE CORAL, FL 33991 US

Name and Address of New Registered Agent:

HEDMAN, HENRY
4520 SKYLINE BLVD.
110
CAPE CORAL, FL 33914 US

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.

SIGNATURE: HENRY HEDMAN

10/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HEDMAN, HENRY
Address: 608 SOUTHWEST 9TH COURT
City-St-Zip: CAPE CORAL, FL 33991

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HEDMAN, HENRY
Address: 4520 SKYLINE BLVD. #110
City-St-Zip: CAPE CORAL, FL 33991

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY HEDMAN

P

10/28/2005

Electronic Signature of Signing Officer or Director

Date