2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# P05000092404

Entity Name: FLORIDAZDREAMHOMES, INC.

Current Principal Place of Business:

1963 FAIRWAY LOOP
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

1963 FAIRWAY LOOP
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: 38-3724447 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARTER, RON
1963 FAIRWAY LOOP
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CARTER, RON
Address: 1963 FAIRWAY LOOP
City-St-Zip: KISSIMMEE, FL 34746

Title: D ( ) Delete
Name: BROWN, STUART
Address: 12424 BRAXTED DRIVE
City-St-Zip: ORLANDO, FL 32837

Title: D,S (X) Delete
Name: BURNETTE, CAROL A
Address: 317 ALEGRIANO CT.
City-St-Zip: KISSIMMEE, FL 34758

Title: D,T ( ) Delete
Name: FOREST, LAURA
Address: 1811 CHAMBERLIN ST
City-St-Zip: ORLANDO, FL 32806

Title: D, P ( ) Delete
Name: KEELLINGS, JAMES W
Address: 408 EVERWOOD DR.
City-St-Zip: KISSIMMEE, FL 34743

Title: VP ( ) Delete
Name: EVANS, GEOFFREY
Address: 182 AZALEA DR.
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JAMES W KEELLINGS D.P 04/25/2006

Electronic Signature of Signing Officer or Director Date