2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000092404

Title:

Name:

Address:

City-St-Zip:

FILED Apr 22, 2007 Secretary of State

Entity Nam	ie: FLORIDA	ZDREAMHOMES, INC.			
Current Principal Place of Business:			New Principal Place of Busi	New Principal Place of Business:	
1963 FAIRWAY LOOP KISSIMMEE, FL 34746			13507 CRYSTAL RIVER DRIV ORLANDO, FL 32828	13507 CRYSTAL RIVER DRIVE ORLANDO, FL 32828	
Current Ma	ailing Addres	s:	New Mailing Address:	New Mailing Address:	
1963 FAIRWAY LOOP KISSIMMEE, FL 34746			13507 CRYSTAL RIVER DRIV ORLANDO, FL 32828	13507 CRYSTAL RIVER DRIVE ORLANDO, FL 32828	
FEI Number:	38-3724447	FEI Number Applied For ()	FEI Number Not Applicable () Cert	ificate of Status Desired()	
Name and Address of Current Registered Agent:			Name and Address of New F	Name and Address of New Registered Agent:	
CARTER, RON 1963 FAIRWAY LOOP KISSIMMEE, FL 34746 US			KEELLINGS, JAMES 13507 CRYSTAL RIVER DRIV ORLANDO, FL 32828 US	13507 CRYSTAL RIVER DRIVE	
The above in the State		submits this statement for the	ourpose of changing its registered office	or registered agent, or both,	
SIGNATURE: JAMES KEELLINGS				04/22/2007	
	Electron	ic Signature of Registered Ag	ent	Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () CARTER, RON 1963 FAIRWAY KISSIMMEE, FI		Title: () Chan Name: Address: City-St-Zip:	ge () Addition	
Title: Name: Address: City-St-Zip:	D () BROWN, STUA 12424 BRAXTE ORLANDO, FL	D DRIVE	Title: () Chan Name: Address: City-St-Zip:	ge () Addition	
Title: Name: Address: City-St-Zip:	D,T () FOREST, LAUR 1811 CHAMBER ORLANDO, FL	RLIN ST	Title: () Chan Name: Address: City-St-Zip:	ge () Addition	
Title: Name: Address: City-St-Zip:	D, P () KEELLINGS, JA 408 EVERWOO KISSIMMEE, FI	DD DR.	Title: D, P (X) Char Name: KEELLINGS, JAMES Address: 13507 CRYSTAL RIV City-St-Zip: ORLANDO, FL 3282	ER DRIVE	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES KEELLINGS D.P. 04/22/2007

() Delete

EVANS, GEOFFREY

DAVENPORT, FL 33837

182 AZALEA DR.

() Change () Addition