## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000092404

Address:

City-St-Zip:

182 AZALEA DR.

DAVENPORT, FL 33837

Entity Name: FLORIDAZDREAMHOMES, INC.

FILED Apr 29, 2008 Secretary of State

| Current Principal Place of Business:        |   |   | New Principal Place                         | New Principal Place of Business:       |  |
|---|---|---|---|--|--|
|   | YSTAL RIVER I<br>D, FL 32828                            | DRIVE                                     |   |  |  |
| Current Mailing Address:                    |   |   | New Mailing Address:                        |  |  |
|   | YSTAL RIVER I<br>D, FL 32828                            | DRIVE                                     |   |  |  |
| FEI Number                                  | : 38-3724447  | FEI Number Applied For ( )                | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )      |  |
| Name and                                    | d Address of C  | urrent Registered Agent:                  | Name and Address                            | of New Registered Agent:               |  |
| 13507 CR<br>ORLAND                          | GS, JAMES<br>YSTAL RIVER I<br>D, FL 32828               | US  |   |  |  |
|   | e named entity s<br>e of Florida.                       | submits this statement for the p          | ourpose of changing its registere           | ed office or registered agent, or both |  |
| SIGNATU                                     |   |   |   |  |  |
| Flaction Co.                                |   | ic Signature of Registered Age            | ent   | Date                                   |  |
|   |   | Trust Fund Contribution ( ).              |   |  |  |
| OFFICERS AND DIRECTORS:                     |   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTO |   |  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D (X)<br>CARTER, RON<br>1963 FAIRWAY<br>KISSIMMEE, FL   |   | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D (X)<br>BROWN, STUAI<br>12424 BRAXTE<br>ORLANDO, FL    | D DRIVE                                   | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D,T ()<br>FOREST, LAUR<br>1811 CHAMBEF<br>ORLANDO, FL   | RLIN ST                                   | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | D, P ()<br>KEELLINGS, JA<br>13507 CRYSTA<br>ORLANDO, FL | L RIVER DRIVE                             | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                |  |
| Title:<br>Name:                             | VP ()<br>EVANS, GEOFF                                   | Delete<br>REY                             | Title:<br>Name:                             | ( ) Change ( ) Addition                |  |

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: JAMES W. KEELLINGS D.P. 04/29/2008