2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: Auc Conjules
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Mar 19, 2007 8:00 am Secretary of State DOCUMENT # P05000095086 03-19-2007 90097 017 ***150.00 SUPERIOR CONSTRUCTION HOMES, INC. Principal Place of Business Mailing Address 181 33RD AVENUE NE 181 33RD AVENUE NE NAPLES, FL 34120 NAPLES, FL 34120 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03072007 Chg-P CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 20-3262482 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALEZ, ARIEL-Street Address (P.O. Box Number is Not Acceptable) 181 33RD AVENUE NE NAPLES, FL 34120 Zip Code FL 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: Signature, typed of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P/S/T/D GONZALEZ, ARIEL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME 181 33RD AVENUE NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES,, FL 34120 CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 receiver 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.

FILED

Daytime Phone #