2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P05000117010 03-23-2007 90028 040 ***150.00 ADVANCED HOMEBUILDERS, INC. Principal Place of Business Mailing Address 60027761 4510 WEST HWY 40 4510 WEST HWY 40 OCALA, FL 34482 OCALA, FL 34482 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03212007 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Number 20-3345896 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Garry D. Adel, Esquire SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4 SE Broadway 4TH FLOOR MIAMI, FL 33145 City Zip Code 34471 0cala 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 agents SIGNATURE jistered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DPS ☐ Change ☐ Addition TITLE ☐ Delete TITLE BARNER, RICHARD JR NAME NAME STREET ADDRESS 311 SE 17TH PL STREET ADDRESS CITY-ST-ZIP OCALA, FL 34471 CITY-ST-ZIP VPT TITLE ☐ Delete TITLE ☐ Change Addition MOONEY, FRANK NAME NAME STREET ADDRESS 311 SE 17TH PL STREET ADDRESS OCALA, FL 34471 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete □ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 receive of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 23, 2007 8:00 am

Richard L. Barner, Jr.