2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000119406

FILED May 12, 2006 Secretary of State

Entity Name: DREAM HOMES OF NORTHWEST FLORIDA, INC				
Current P	rincipal Place of Business:	New Principal I	New Principal Place of Business:	
211 ARIOL PENSACC	_A DR. DLA, FL 32561			
Current M	lailing Address:	New Mailing Ac	New Mailing Address:	
211 ARIOL PENSACC	_A DR. DLA, FL 32561			
FEI Number	: FEI Number Applied For ()	() FEI Number Not Applicable	() Certificate of Status Desired ()	
Name and	I Address of Current Registered Ager	nt: Name and Addi	ress of New Registered Agent:	
BUSINESS FILINGS INCORPORATED 1203 GOVERNOR'S SQUARE BLVD SUITE 101 TALLAHASSEE, FL 323012960 US		211 ARIOLA DR	SOREL, ROBERT T 211 ARIOLA DRIVE PENSACOLA, FL 32561 US	
	named entity submits this statement for e of Florida.	the purpose of changing its reg	istered office or registered agent, or both,	
SIGNATURE: ROBERT T. SOREL			05/12/2006	
	Electronic Signature of Registere	d Agent	Date	
	ce with s. 607.193(2)(b), F.S., the corporation mpaign Financing Trust Fund Contribution()			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete FURROW, KEITH 211 ARIOLA DR. PENSACOLA, FL 32561	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () Delete SEXSON, CRAIG 502 SANDY OAKS DR. PENSACOLA, FL 32506	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	S () Delete FURROW, JOSH 120 NORWICH DR. GULF BREEZE, FL 32561	Address: 120 f	(X) Change()Addition ROW, JOSH NORWICH DR. F BREEZE, FL 32561	
Title: Name: Address: City-St-Zip:	T () Delete LEONARKIS-FURROW, GEORGIENE 120 NORWICH DR. GULF BREEZE, FL 32561	Address: 120 f	(X) Change () Addition NARKIS-FURROW, GEORGIENE NORWICH DR. F BREEZE, FL 32561	
Title: Name:	() Delete		()Change(X)Addition EL, ROBERT T SALIFL FY FIFLD RD	

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.

City-St-Zip: PENSACOLA, FL 32526

SIGNATURE: ROBERT T. SOREL 05/12/2006 Τ

City-St-Zip: