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Aug 17, 2006 8:00 am
Secretary of State

03-15-2006 90108 010 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000141550

1. Entity Name
FINE HOMES SARASOTA, INC.

66023207

02222006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
5933 CHAPARRAL AVE SARASOTA, FL 34233	5933 CHAPARRAL AVE SARASOTA, FL 34233

2. Principal Place of Business	3. Mailing Address
1756 AMBERWYND CIRCLE	1756 AMBERWYND CIRCLE
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State PALMETTO, FL.	City & State PALMETTO, FL.
Zip 34221 Country USA	Zip 34221 Country USA

4. FEI Number 20-5369336 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KATZENSTEIN, CATHY
5933 CHAPARRAL AVE
SARASOTA, FL 34233

7. Name and Address of New Registered Agent

Name DEREK CLARKE
Street Address (P.O. Box Number is Not Acceptable) 1756 AMBERWYND CIRCLE
City PALMETTO, FL Zip Code 34221

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 D. Clarke DATE 7th, March 06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SIMON, STEPHEN 3905 SOUTH SHADE AVE SARASOTA, FL 34231	☒ Delete	PRESIDENT DEREK CLARKE 1756 AMBERWYND CIRCLE PALMETTO, FL. 34221	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby 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.

SIGNATURE: D. Clarke 7th, March 06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #