
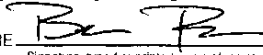



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90053 007 ***150.00

| | | | | | |
|---|--|---|---|---|--|
| DOCUMENT # P05000151570 1. Entity Name REAMER HOMES, INC. | | | |  | |
| Principal Place of Business 1953 NE LAKE PLACE JENSEN BEACH, FL 34957 | | | Mailing Address 1953 NE LAKE PLACE JENSEN BEACH, FL 34957 | | |
| 2. Principal Place of Business - No P.O. Box # 1887 NE MEDIA AVE. | | 3. Mailing Address 1887 NE MEDIA AVE. | | | |
| Suite, Apt. #, etc. #6 | | Suite, Apt. #, etc. #6 | | | |
| City & State JENSEN BEACH, FL | | City & State JENSEN BEACH, FL | | | |
| Zip 34957 | | Country U.S.A. | | Zip 34957 | |
| Country U.S.A. | | 4. FEI Number 20-3828870 | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent REAMER, BRIAN 1953 NE LAKE PLACE JENSEN BEACH, FL 34957 | | | 7. Name and Address of New Registered Agent Name REAMER, BRIAN Street Address (P.O. Box Number is Not Acceptable) 1887 NE MEDIA AVE., #6 City JENSEN BEACH FL Zip Code 34957 | | |
| 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  BRIAN REAMER 2/27/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 REAMER, BRIAN 1953 NE LAKE PLACE JENSEN BEACH, FL 34957 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | P BRIAN REAMER 1887 NE MEDIA AVE, #6 JENSEN BEACH, FL 34957 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  BRIAN REAMER 2/27/07 772-215-7107 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

40036720



02202007 Chg-P CR2E034 (12/06)