2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05311

Entity Name: PULTE HOME CORPORATION

FILED Feb 21, 2004 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
100 BLOOMFIELD HILLS PARKWAY						
SUITE 300 BLOOMFIELD HILLS, MI 48304						
Current Mailing Address:			New Mailir	New Mailing Address:		
100 BLOOMFIELD HILLS PARKWAY SUITE 300 BLOOMFIELD HILLS, MI 48304						
FEI Number: 38-1545089 FEI Number Applied For ()			I Number Not Appli	icable () Certificate of Status Desired ()		
		., ,,				
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US						
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.						
SIGNATURE:						
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:	, ,	Delete	Title:	DVC (X) Change () Addition		
Name: Address:	FREES, VINCEN 100 BLOOMFIEL	D HILLS PKY STE 300	Name: Address:	FREES, VINCENT J 100 BLOOMFIELD HILLS PKY STE 300		
City-St-Zip:	BLOOMFIELD HI	LLS, MI 48304	City-St-Zip:	BLOOMFIELD HILLS, MI 48304 US		
Title: Name:	P ()[Delete	Title: Name:	DP (X) Change () Addition DUGAS, RICHARD J JR		
Address:	100 BLOOMFIEL	D HILLS PKY STE 300	Address:	100 BLOOMFIELD HILLS PKY STE 300		
City-St-Zip:	BLOOMFIELD HI	LLS, MI 48304	City-St-Zip:	BLOOMFIELD HILLS, MI 48304 US		
Title:		Delete	Title:	VPAS (X) Change () Addition		
Name: Address:	OBRIEN, MARK	J .D HILLS PKY STE 300	Name: Address:	NELSON, GREGORY M 100 BLOOMFIELD HILLS PKY STE 300		
City-St-Zip:	BLOOMFIELD HI		City-St-Zip:	BLOOMFIELD HILLS, MI 48304		
Title:	VT ()	Delete	Title:	() Change () Addition		
Name: Address:	ROBINSON, BRU	JCE E .D HILLS PKY STE 300	Name: Address:			
City-St-Zip:	BLOOMFIELD HI		City-St-Zip:			
Title:	AS ()[Delete	Title:	AS (X) Change () Addition		
Name:	GAWTHROP, NA		Name:	KLYM, JAN M		
Address: City-St-Zip:	BLOOMFIELD HI	.D HILLS PKY STE 300 ILLS, MI 48304	Address: City-St-Zip:	100 BLOOMFIELD HILLS PKY STE 300 BLOOMFIELD HILLS, MI 48304		
Title:	DVS ()[Delete	Title:	() Change () Addition		
Name:	STOLLER, JOHN		Name:			
Address: City-St-Zip:	BLOOMFIELD HI	.D HILLS PKY STE 300 ILLS, MI 48304	Address: City-St-Zip:			

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: JAN M. KLYM AS 02/21/2004