2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P06000007212** 02-09-2007 90025 015 ***150.00 1. Entity Name IMPRESSIVE HOMES, INC. Principal Place of Business Mailing Address 7004~·-11316 MALLORY SQUARE DR. 11316 MALLORY SQUARE DR. 102 TAMPA, FL 33625 TAMPA, FL 33625 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 5175 PALM SPRINGS BLUP. 512.5 PALM SPRINGS BLUD Suite, Apt. #, etc. Suite, Apt. #, etc. 01152007 Chg-P CR2E034 (12/06) 5207 City & State 5207 Applied For City & State 4. FEI Number 42 1692030 TAMPA TAMPA Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired U.S. 33647 33*647* Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VANN, JOSEPH M Street Address (P.O. Box Number is Not Acceptable) 11316 MALLORY SQUARE DR. **TAMPA, FL 33625** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE ☐ Change ☑ Addition CENEST III NAME VANN, JOSEPH M STREET ADDRESS 11316 MALLORY SQUARE DR. #102 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33625 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAMÉ STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE □ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 sympowered.

TEO NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 09, 2007 8:00 am