2007 FOR PROFIT CORPORATION

Sep 12, 2007 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # P06000033275 09-12-2007 90001 007 ***150.00 1. Entity Name CASH FOR HOMES, INC. Principal Place of Business Mailing Address 2161 PALM BEACH LAKES BLVD. 2161 PALM BEACH LAKES BLVD. STE. 304 STE. 304 WEST PALM BEACH, FL 33409 WEST PALM BEACH, FL 33409 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07182007 CR2E034 (12/06) City & State City & State 4. FE! Number Applied For 20-4467228 Not Applicable --Zip Country -Zip---Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TANNENBAUM, MICHAEL D Street Address (P.O. Box Number is Not Acceptable) 2161 PALM BEACH LAKES BLVD. STE. 304 WEST PALM BEACH, FL 33409 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ARESIDENT □ Delete TITLE ☐ Change NAME NAME DONALD CAMERIN STREET ADDRESS STREET ADDRESS 2001 PALM BELLY LALCS BLVD \$502-9 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FC 33409 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME

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 proof 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 true 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 a address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD CONEDWY SI

FILED