


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000027020		
1. Entity Name ENEXIS HOMES, INC.		

Principal Place of Business 543 COMMERCIAL BOULEVARD NAPLES, FL 34104	Mailing Address 543 COMMERCIAL BOULEVARD NAPLES, FL 34104
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
08 SEP 12 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FL 32399



09092008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MEDINA, ENEXIS 543 COMMERCIAL BOULEVARD NAPLES, FL 34104		Name <u>Jorge Felix Medina</u> Street Address (P.O. Box Number is Not Acceptable) <u>543 Commercial Blvd</u> City <u>Naples</u> FL Zip Code <u>34104</u>	

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] DATE 9/9/2008

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEDINA, ENEXIS 543 COMMERCIAL BOULEVARD NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>500136249815</u> <u>09/23/08--01025--012 **150.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRAYDEN, ELLIOT 7845 VERONAWALK STREET NAPLES, FL 34114 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>VD</u> <u>Jorge Felix Medina</u> <u>543 Commercial Blvd</u> <u>Naples, FL 34104</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MEDINA, LIANA 543 COMMERCIAL BOULEVARD NAPLES, FL 34104 <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: [Signature] DATE 9/9/08 DAYTIME PHONE # 2392639909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR