2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008
Secretary of State

DOCUMENT# P07000049134

Entity Name: INNOVATIVE HOME BUILDERS OF NORTH FLORIDA, INC.

Current Principal Place of Business:

281 NE GUM SWAMP ROAD
LAKE CITY, FL 32055 US

New Principal Place of Business:

234 NE 1ST AVE
HIGH SPRINGS, FL 32643 US

Current Mailing Address:

POST OFFICE BOX 1716
LAKE CITY, FL 32056 US

New Mailing Address:

234 NE 1ST AVE
HIGH SPRINGS, FL 32643 US

FEI Number: 20-8897748 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, TRAVIS C
17529 SOUTHSIDE COURT
HIGH SPRINGS, FL 32643 US

Name and Address of New Registered Agent:

WILLIAMS, TRAVIS C
19932 NW 244TH ST
HIGH SPRINGS, FL 32643 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: 02/05/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WILLIAMS, TRAVIS C
Address: 17529 SOUTHSIDE COURT
City-St-Zip: HIGH SPRINGS, FL 32643 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WILLIAMS, TRAVIS C
Address: 19932 NW244TH ST
City-St-Zip: HIGH SPRINGS, FL 32643 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TRAVIS C WILLIAMS P 02/05/2008
Electronic Signature of Signing Officer or Director — Date