2007 FOR PROFIT CORPORATION

Jan 16, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P11110 01-16-2007 90181 038 ***150.00 ADVANCE HOMES INC. Principal Place of Business Mailing Address **4215 E. 60TH STREET** 4215 E. 60TH STREET SUITE 6 SUITE 6 DAVENPORT, IA 52807 DAVENPORT, IA 52807 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 42-0794211 Not Applicable Country Zip \$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 Name KERVER, W. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 11220 METRO PARKWAY, SUITE 27 FORT MYERS, FL 33912 Zip Code FL 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. DATE Signature, typed or printed harne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change ☐ Delete NAME SEITZ, A. JEFFREY NAME 1705 SUSAN CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BETTENDORF, IA 52722 CITY-ST-ZIP Addition TITLE Delete TITLE WETZEL, BRUCE NAME NAME STREET ADDRESS 2135 NICHOLAS CT STREET ADDRESS CITY-ST-ZIP BETTENDORF, IA 52722 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE SEITZ, A. JEFFREY NAME NAME 1705 SUSAN CT STREET ADDRESS STREET ADDRESS BETTENDORF, IA 52722 COTY-ST-7IP CITY - ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME SEITZ, VELMA L. NAME STREET ADDRESS **4221 E. 60TH STREET** STREET ADDRESS DAVENPORT, IA 52807 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 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

FILED