2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P93000009132

Entity Name: A - PLUS HOMES, INC.

FILED Jun 26, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5802 CHERRY ROAD 1415 SW 17TH ST OCALA, FL 34472 US OCALA, FL 34474 US

Current Mailing Address: New Mailing Address:

5802 CHERRY ROAD 1415 SW 17TH ST OCALA, FL 34472 US OCALA, FL 34474 US

FEI Number: 65-0387330 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARMSTRONG, FRED C
5802 CHERRY RD
0CALA, FL 34472 US
ARMSTRONG, FRED C
1415 SW 17TH ST
0CALA, FL 34474 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: F CHRIS ARMSTRONG 06/26/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition Name: ARMSTRONG, FRED C Name: ARMSTRONG, FRED C

 Address:
 5802 CHERRY ROAD
 Address:
 1415 SW 17TH ST

 City-St-Zip:
 OCALA, FL 34472 US
 City-St-Zip:
 OCALA, FL 34474 US

Title: DV () Delete Title: DV (X) Change () Addition

 Name:
 ARMSTRONG, SCOTT W
 Name:
 ARMSTRONG, SCOTT W

 Address:
 5802 CHERRY ROAD
 Address:
 1415 SW 17TH ST

 City-St-Zip:
 OCALA, FL 34472
 City-St-Zip:
 OCALA, FL 34474

 Name:
 ARMSTRONG, WENDY
 Name:
 ARMSTRONG, WENDY

 Address:
 106 PECAN PASS
 Address:
 1415 SW 17TH ST

 City-St-Zip:
 OCALA, FL 34472 US
 City-St-Zip:
 OCALA, FL 34474 US

Title: V () Delete Title: V (X) Change () Addition

Name:ARMSTRONG, BILLIEName:ARMSTRONG, BILLIEAddress:104 PECAN PASSAddress:1415 SW 17TH STCity-St-Zip:OCALA, FL 34472City-St-Zip:OCALA, FL 34474

I hereby certify that the information supplied with this filing does not qualify for the 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: F CHRIS ARMSTRONG DP 06/26/2006