


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000038301 1. Entity Name STEVEN ANTHONY HOMES, INC.	
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Principal Place of Business 4605 L. B. MCLEOD ROAD 400 ORLANDO, FL 32811	Mailing Address 4605 L. B. MCLEOD ROAD 400 ORLANDO, FL 32811
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05132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3184591	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPADE, STEVEN E 4605 L.B. MCLEOD RD # 400 ORLANDO, FL 32811

DO NOT WRITE IN THIS SPACE

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPADE, STEVEN E 12906 LAKEVIEW POINT CT WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUSSO, THOMAS J 2637 RUNYON CIRCLE ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PELANO, GERALD D 11206 ROBERT CARTER RD. FAIRFAX STATION, VA 22039
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>000000369820 06/27/05-80004-019 550.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **6-22-05** **407-367-0120**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #