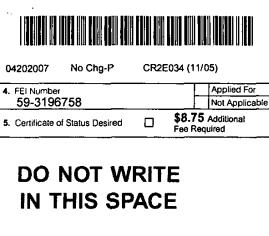
## 2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P93000050647 1. Entity Name HUFF HOMES, INC. Principal Place of Business 4590 HWY 20 E NICEVILLE, FL 32578 US PO BOX 5244 NICEVILLE, FL 32578 US DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent HUFF, BRANDON A

## FILED Apr 25, 2007 8:00 am Secretary of State

04-25-2007 90186 042 \*\*\*150.00

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8.	The above named entity submits this statement for the purpose of changing its register	ered office or regi	istered agent, or both	in the State of Florida.	I am familiar with, and acc	cep
	the obligations of registered agent.					

(NOTE: Registered Agent signature required when reinstating)

FILE NOWIII FEE IS \$150.00

Signature, typed or printed name of registered agent and title if applicable.

4590 HWY 20 E NICEVILLE, FL 32578

9. Election Campaign Financing

\$5.00 May Be Added to Fees

After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.								
10.  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	P HUFF, BRANDON A 4590 HWY 20 E NICEVILLE, FL 32578	DRS .	,					
NAME STREET ADDRESS CITY-ST-ZIP	HUFF, CHANDLER J 4590 HWY 20 E NICEVILLE, FL 32578							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								

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 fusitee 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #