2005 FOR PROFIT CORPORATION

SIGNATURE:

May 02, 2005 08:00 AM Secretary of State – **ANNUAL REPORT DOCUMENT # P94000022920** TEKÁ HOMES, INC. Principal Place of Business Mailing Address 1100 N. MAIN ST P.O. BOX 701323 KISSIMMEE, FL 34744 ST. CLOUD, FL 34770 03122005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3232422 Not Applicable \$8.75 Additional .. 🗆 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOWSE, RON DO NOT WRITE 1100 N. MAIN ST KISSIMMEE, FL 34744 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. DATE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HOWSE, RON STREET ADDRESS 1100 N. MAIN ST CITY-ST-ZIP KISSIMMEE, FL 34744 TITLE V00000352827 05/03/05-80042-014 150.00 STREET ADDRESS CITY-ST-ZIP MTLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling 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 a frustee employeed 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.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

04-27-05

Davtime Phone #