2004 FOR PROFIT CORPORATION

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

Feb 12, 2004 08:00 AM ANNUAL REPORT **Secretary of State DOCUMENT # P94000046191** 1. Entity Name RAINMAKER HOUSING, INC. Mailing Address Principal Place of Business 6410 BEACH BLVD 6410 BEACH BLVD JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32216 No Cha-P CR2E034 (10/03) 02062004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3309536 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STEFFEY, FRED H DO NOT WRITE 6620 SOUTHPOINT DRIVE SOUTH SUITE 300 IN THIS SPACE JACKSONVILLE, FL 32216 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, TITLE CHESHIRE, DAVID W NAME 6410 BEACH BOULEVARD STREET ADDRESS U00000049435 JACKSONVILLE, FL 32216 CITY-ST-71P 02/13/04-80023-013 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SY-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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.

Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED