2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2008 08:00 AN **DOCUMENT # P94000092835 Secretary of State** 1. Entity Name ATRIUM HOLLYWOOD HOMES, INC. Principal Place of Business Mailing Address 2525 HOLLYWOOD BLVD 2525 HOLLYWOOD BLVD HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 CR2E034 (11/05) 01212008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0544488 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ATRIA, GREGORY J DO NOT WRITE 2525 HOLLYWOOD BLVD HOLLYWOOD, FL 33020 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE D ATRIA, GREGORY J NAME STREET ADORESS 2525 HOLLYWOOD BLVD HOLLYWOOD, FL 33020 CITY-ST-ZIP TITLE ATRIA, XAVIER A NAME -STREET ADDRESS 2525 HOLLYWOOD BLVD CITY-ST-ZIP HOLLYWOOD, FL 33020 TITLE . NAME ٠,, STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP 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 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

FORM LOSS WEIGHT CONS. I

SIGNATURE: