

FILED
Mar 23, 2007 08:00 A
Secretary of State

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000039292			
1. Entity Name WOOLDRIDGE HOMES, INC.			
Principal Place of Business 431 MARILYN LANE DAVENPORT, FL 33897 US		Mailing Address P. O. BOX 135845 CLERMONT, FL 34713 US	
DO NOT WRITE IN THIS SPACE			
			02092007 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-3340157	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 HOUSTON, SANDRA L MGR. 431 MARILYN LANE DAVENPORT, FL 33897		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 \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000675917 03/30/07-80037-025 150.00
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WOOLDRIDGE, ROBERT E 2916 MIDSUMMER DRIVE WINDEMERE, FL 34786		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST LEWIS, ROBERT J 395 TAYLOR BLVD., #120 PLEASANT HILL, CA		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Sandra L Houston Agent - Sandra L. Houston</u>		Date <u>3/19/07</u> 863-420 2041	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	