2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 30, 2007 08:00 AM Secretary of State DOCUMENT # P95000048758 BAILEY CUSTOM HOMES, INC. Principal Place of Business Mailing Address 7201 SANDSCOVE CT #1 P.O. BOX 4546 WINTER PARK, FL 32792 WINTER PARK, FL 32793 US 03282007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3322774 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAXON, R-E DO NOT WRITE 150 WEST OAK ST. KISSIMMEE, FL 34741 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) DATE U00000746353 05/16/07-80055-009 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PSTD TITLE BAILEY, MARK S STREET ADORESS 660 DARCEY DRIVE CITY-ST-ZIP WINTER PARK, FL 32792 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-57-7/P IN THIS SPACE 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachmost purple an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP *

OF SIGNING OFFICER OR DIRECTOR

4-26-2007 (407)