2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 06, 2005 8:00 am Secretary of State DOCUMENT # P95000060631 05-06-2005 90091 010 ***150.00 ELITE HOME BUILDERS INCORPORATED Principal Place of Business Mailing Address 218 VILLAS D'ESTE 11062 S MILITARY TRL. JUU4384] APT, 1310 STE, 451 **DELRAY BEACH FL 33445 BOYNTON BEACH FL 33438** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 65-0599911 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RITA. EUGENE N Street Address (P.O. Box Number is Not Acceptable) 11062 S MILITARY TRL. STE, 451 **DELRAY BEACH FL 33436** City 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. /1/ مبع SIGNATURE ped or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VIP construction TITLE ☐ Delete TITLE ☐ Change Addition John R. RILA 11062 S. MILIERRY Trail NAME RITA, GAYLE S NAME 11062 S MILTARY TRL., STE, 451 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33436** CITY-ST-ZIP CITY-ST-ZIP THILE DΡ TITLE ☐ Delete RITA, EUGENE N NAME STREET ADDRESS 11062 S MILITARY TRL, STE. 451 STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33436** CITY-ST-ZIP HILE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition MAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing 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 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: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR