2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# P95000061600

Entity Name: REED HOMES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

1900 SE 18TH AVE
300
OCALA, FL 34471 US

New Principal Place of Business:

10230 SW 86TH CIRCLE
SUITE #3
OCALA, FL 34481 US

Current Mailing Address:

1900 SE 18TH AVE
300
OCALA, FL 34471 US

New Mailing Address:

10230 SW 86TH CIRCLE
SUITE #3
OCALA, FL 34481 US

FEI Number: 59-3330128 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

REED, JOHN M
1900 SE 18TH AVE
300
OCALA, FL 34471 US

Name and Address of New Registered Agent:

REED, JOHN M
10230 SW 86TH CIRCLE
SUITE #3
OCALA, FL 34481 US

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.

SIGNATURE: JOHN REED 04/18/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: REED, JOHN M
Address: 1900 SE 18TH AVE STE 300
City-St-Zip: OCALA, FL 34471

Title: V ( ) Delete
Name: PLAISANCE-REED, LYNN
Address: 1900 SE 18TH AVE STE 300
City-St-Zip: OCALA, FL 34471

Title: S ( ) Delete
Name: ADAMS-MELANCON, ANJELE
Address: 1900 SE 18TH AVE STE300
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: REED, JOHN M
Address: 10230 SW 86TH CIRCLE SUITE #3
City-St-Zip: OCALA, FL 34481

Title: V (X) Change ( ) Addition
Name: PLAISANCE-REED, LYNN
Address: 10230 SW 86TH CIRCLE SUITE #3
City-St-Zip: OCALA, FL 34481

Title: S (X) Change ( ) Addition
Name: ADAMS-MELANCON, ANJELE
Address: 10230 SW 86TH CIRCLE SUITE #3
City-St-Zip: OCALA, FL 34481

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN REED PT 04/18/2007
Electronic Signature of Signing Officer or Director Date