

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000080945

FILED
Jun 23, 2006
Secretary of State**Entity Name:** TRUST AMERICA HOMES, INC.**Current Principal Place of Business:**1680 EL JOBEAN RD.
SUITE 4
PORT CHARLOTTE, FL 33948**New Principal Place of Business:****Current Mailing Address:**1680 EL JOBEAN RD
SUITE 4
PORT CHARLOTTE, FL 33948**New Mailing Address:****FEI Number:** 65-0615662**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**POPE, CLAIRE W
555 GASPAR DRIVE
PLACIDA, FL 33946 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** PT () Delete
Name: POPE, CLAIRE W
Address: 555 GASPAR DRIVE
City-St-Zip: PLACIDA, FL 33946**Title:** VP () Delete
Name: FERRACCI, STEPHEN M
Address: 1680 EL JOBEAN RD. SUITE 4
City-St-Zip: PORT CHARLOTTE, FL 33948**Title:** VP () Delete
Name: WILDER, JULIE F
Address: 1680 EL JOBEAN RD SUITE 4
City-St-Zip: PORT CHARLOTTE, FL 33948**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SEC () Change (X) Addition
Name: WILDER, JULIE F
Address: 1680 EL JOBEAN RD. SUITE 4
City-St-Zip: PORT CHARLOTTE, FL 33948

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: CLAIRE W POPE

PR

06/23/2006

Electronic Signature of Signing Officer or Director_____
Date