

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000080945

Entity Name: TRUST AMERICA HOMES, INC.

FILED  
Apr 05, 2007  
Secretary of State

## Current Principal Place of Business:

1680 EL JOBEAN RD.  
SUITE 4  
PORT CHARLOTTE, FL 33948

## New Principal Place of Business:

5007 LA FRANCE AVE  
NORTH PORT, FL 34286

## Current Mailing Address:

1680 EL JOBEAN RD  
SUITE 4  
PORT CHARLOTTE, FL 33948

## New Mailing Address:

5007 LA FRANCE AVE  
NORTH PORT, FL 34286

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: SEC ( ) Delete  
Name: WILDER, JULIE F  
Address: 1680 EL JOBEAN RD. SUITE 4  
City-St-Zip: PORT CHARLOTTE, FL 33948

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: FERRACCI, STEPHEN M  
Address: 5007 LA FRANCE AVE  
City-St-Zip: NORTH PORT, FL 34286

Title: VP (X) Change ( ) Addition  
Name: WILDER, JULIE F  
Address: 5007 LA FRANCE AVE.  
City-St-Zip: NORTH PORT, FL 34286

Title: SEC (X) Change ( ) Addition  
Name: WILDER, JULIE F  
Address: 5007 LA FRANCE AVE  
City-St-Zip: NORTH PORT, FL 34286

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

PT

04/05/2007

Electronic Signature of Signing Officer or Director

Date