

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000080945

Entity Name: TRUST AMERICA HOMES, INC.

FILED
Feb 12, 2008
Secretary of State

Current Principal Place of Business:

5007 LA FRANCE AVE
NORTH PORT, FL 34286

New Principal Place of Business:

5007 LA FRANCE AVE
NORTH PORT, FL 34291

Current Mailing Address:

5007 LA FRANCE AVE
NORTH PORT, FL 34286

New Mailing Address:

5007 LA FRANCE AVE
NORTH PORT, FL 34291

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 GASPARD 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: POPE, CLAIRE W
Address: 555 GASPARD DRIVE
City-St-Zip: PLACIDA, FL 33946

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

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

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

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 34291

Title: VP (X) Change () Addition
Name: WILDER, JULIE F
Address: 5007 LA FRANCE AVE
City-St-Zip: NORTH PORT, FL 34291

Title: SEC (X) Change () Addition
Name: WILDER, JULIE F
Address: 5007 LA FRANCE AVE
City-St-Zip: NORTH PORT, FL 34291

I hereby certify that the information supplied with this filing does not qualify 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

02/12/2008

Electronic Signature of Signing Officer or Director

Date