

**2006 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**FILED**

06 JUL 31 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06172006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P95000093846</b> 1. Entity Name <b>IH BRANDON HOMES, INC.</b>					
Principal Place of Business <b>711 SOUTH HOWARD AVENUE, STE 200 TAMPA, FL 33606 US</b>			Mailing Address <b>711 SOUTH HOWARD AVENUE, STE 200 TAMPA, FL 33606 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3372656</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>HENDERSON, ALLEN E 711 SOUTH HOWARD AVENUE, STE 200 TAMPA, FL 33606</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD HENDERSON, ALLEN E 711 S. HOWARD AVENUE, SUITE 200 TAMPA, FL 33606</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman/CEO/S Allen E. Henderson 711 S. Howard Avenue, Ste. 200 Tampa, FL 33606</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTD HENDERSON, FRANK M JR. 711 S. HOWARD AVENUE, SUITE 200 TAMPA, FL 33606</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/T/AS/D Frank M. Henderson, Jr. 711 S. Howard Avenue, Ste. 200 Tampa, FL 33606</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS HENDERSON, FRANK M JR. 711 S. HOWARD AVENUE, SUITE 200 TAMPA, FL 33606</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/COO William M. Adkins, Jr. 711 S. Howard Avenue, Ste. 200 Tampa, FL 33606</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <i>Allen E. Henderson</i> _____ Allen E. Henderson, Chairman			Date <b>6/30/06</b> Daytime Phone # <b>813-490-6636</b>		