2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000095309

Entity Name: LAKE HILLS, INC. OF DELTONA

FILED Apr 29, 2004 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

2921 ORLANDO DR. SUITE 220 SANFORD, FL 32773

Current Mailing Address: New Mailing Address:

P.O. BOX 5357 DELTONA, FL 32728

FEI Number: 59-3351678 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 SMITH, SAM
 SMITH, STAN

 2921 ORLANDO DR.
 2921 ORLANDO DR.

 SUITE 220
 SUITE 220

 SANFORD, FL 32773 US
 SANFORD, FL 32773 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: STAN SMITH 04/29/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: PSD (X) Change () Addition Name: SMITH, SAM Name: SMITH, STAN

Address: P.O. BOX 5357 Address: P.O. BOX 5357
City-St-Zip: DELTONA, FL 32728
City-St-Zip: DELTONA, FL 32728

Title: VD () Delete Title: () Change () Addition Name: HACKERT. TOM Name:

 Name:
 HACKERT, TOM
 Name:

 Address:
 149-1900 AVENUE
 Address:

 City-St-Zip:
 WHITE STONE, NY 11357
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STAN SMITH PSD 04/29/2004