



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90011 024 ***150.00

DOCUMENT # P96000004199 1. Entity Name AMERITREND HOMES, INC.					
Principal Place of Business 126 43RD AVENUE SW VERO BEACH, FL 32968 US			Mailing Address 126 43RD AVENUE SW VERO BEACH, FL 32968 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40040003 	
City & State		City & State		4. FEI Number 65-0671366	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, PAUL L 126 43RD AVENUE SW VERO BEACH, FL 32968				7. Name and Address of New Registered Agent Name <u>Paul L. Adams</u> Street Address (P.O. Box Number is Not Acceptable) <u>1910 82nd Ave Ste 202</u> City <u>Vero Beach</u> FL Zip Code <u>32906</u>	
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 <u>[Signature]</u> <u>3/20/07</u> <small>Signature, typed or printed name of registered agent and fee 4 applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ADAMS, PAUL L 126 43RD AVENUE SW VERO BEACH, FL 32968	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>1910 82nd Ave, Ste 202</u> <u>Vero Beach FL 32906</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ADAMS, JAMES R 126 43RD AVENUE SW VERO BEACH, FL 32968	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>1910 82nd Ave, Ste 202</u> <u>Vero Beach FL 32906</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Blank]	<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.					
SIGNATURE: <u>[Signature]</u>			<u>3/20/07</u> <u>778-778-3143</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		