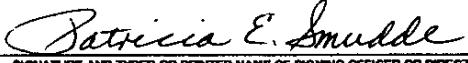


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 11, 2008 8:00 am  
Secretary of State**

04-11-2008 90056 027 \*\*\*150.00

DOCUMENT # P96000070485							
1. Entity Name GARNET HOMES, INC.							
Principal Place of Business 4537 CHUMUCKLA HWY PACE, FL 32571		Mailing Address 4537 CHUMUCKLA HWY PACE, FL 32571					
2. Principal Place of Business - No P.O. Box # 6088 Jameson Circle Suite, Apt. #, etc.		3. Mailing Address 6088 Jameson Circle Suite, Apt. #, etc.					
City & State Pace FL 32571		City & State Pace, FL					
Zip 32571	Country Santa Rosa	Zip 32571	Country Santa Rosa				
6. Name and Address of Current Registered Agent  SMUDDE, WILLIAM L 6088 JAMESON CIRCLE MILTON, FL 32571				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City FL 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 Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when renaming)			DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	PD SMUDDE, WILLIAM L 6088 JAMESON CIRCLE PACE, FL 32571	<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	ST SMUDDE, PATRICIA 6088 JAMESON CIRCLE PACE, FL 32571	<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	V SMUDDE, KEVIN 4256N. CAMBRIDGE WAY PACE, FL 32571	<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
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.							
SIGNATURE: 				4-9-08 (850) 994-1590 Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Patricia E. Smudde, Sec. Treas.							