2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 25, 2008 8:00 am Secretary of State DOCUMENT # P96000082582 04-25-2008 90139 034 ***150.00 VILLAGE HOME MANAGEMENT, INC. Principal Place of Business Mailing Address 185 E. INDIANTOWN ROAD 185 E. INDIANTOWN ROAD JUPITER FL 33477 JUPITER FL 33477 Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 65-0700190 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOHNSON, MARSHA - DECEASES Street Address (P.C. Box Number is Not Acceptable) 185 E. INDIANTOWN RD SUITE 125 JUPITER FL 33477 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 JOHNSON SIGNATURE DAVE JOHNSON - War Signature, typed or prened name of registered spert and the Tarphoacic. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE S-Change JOHNSON, MARSHA E DEREASED JOHNSON NAME 185 E. 185 E. INDIANTOWN ROAD STE.125 STREET ADDRESS STREET ADDRESS 33477 JUPITER FL 33477 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Derete TITLE ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City - St - 789 HTI F ☐ Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Dalete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Deiele HILE THE ☐ Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE ☐ Deleto TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS OffY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes 1 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 eath, 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: DAVE

FILED