

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000019887

FILED
Apr 23, 2009
Secretary of State

Entity Name: ISSA HOMES, INC.

Current Principal Place of Business:

950 CELEBRATION BLVD, STE F
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

950 CELEBRATION BLVD
SUITE F
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 65-0732319 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOFFART, SARAH
950 CELEBRATION BOULEVARD
SUITE F
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ISSA, FRANCIS J
Address: 950 CELEBRATION BLVD, STE F
City-St-Zip: CELEBRATION, FL 34747

Title: DVTS () Delete
Name: HEMPEL, DONALD E
Address: 950 CELEBRATION BLVD, STE F
City-St-Zip: CELEBRATION, FL 34747

Title: DVS () Delete
Name: MARCHELL, JEFFREY F
Address: 950 CELEBRATION BLVD, STE F
City-St-Zip: CELEBRATION, FL 34747

Title: DVAS () Delete
Name: COSTELLO, FRED D
Address: 950 CELEBRATION BLVD, STE F
City-St-Zip: CELEBRATION, FL 34747

Title: VPCF () Delete
Name: HOFFART, SARAH
Address: 950 CELEBRATION BOULEVARD SUITE F
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SARAH HOFFART

VP

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date