2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # P97000065898 02-18-2008 90061 001 ***527.50 FARRELL HOMES, INC. Principal Place of Business Mailing Address 66001330 6757 55TH ST. N. 6757 55TH ST. N. PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33781 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3475816 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FARRELL, MICHAEL S Street Address (P.O. Box Number is Not Acceptable) 6757 55TH ST. N PINELLAS PARK, FL 33781 City 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITLE ☐ Delete TITLE Addition FARROL NAME FARRELL, MICHAEL S NAME STREET ADDRESS 7219-57TH AVE N STREET ADDRESS ST PETERSBURG, FL 33709 CITY-ST-ZIP CITY-ST-ZIP VΩ THLE ☐ Delete TITLE ☐ Addition NAME FARRELL, MARY P NAME STREET ADDRESS 6757 55TH ST. N. STREET ADDRESS 33781 PINELLAS PARK, FL 33781 CITY-ST-ZIP CITY-ST-7IP STD Delete TITLE TITLE Z-Change ☐ Addition FARRELL, JUDITH NAME NAME STREET ADORESS 6757 55TH ST. N STREET ADDRESS CITY-ST-ZIP PINELLAS PARK, FL 33781 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED Feb 18, 2008 8:00 am