2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR).

FILED Apr 23, 2007 08:00 A Secretary of State DOCUMENT # P97000079999 1. Entity Name STOUGHTON HOMES, INC. Principal Place of Business Mailing Address 802 E MOODY BLVD P.O. BOX 429 BUNNELL FL 32110 **BUNNELL FL 32110** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-3479208 Not Applicable Zıρ Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STOUGHTON, WILLIAM P Street Address (P.O. Box Number is Not Acceptable) 802 E MOODY BLVD BUNNELL FL 32110 Zip Codo 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 DATE Signature, typod or printed name of registered agent and tille if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee WIII 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 11. HILE Delete THE Change ☐ Addition STOUGHTON, WILLIAM P NAME NAME 1260 KILLARNEY DRIVE STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32176 CITY-ST-ZIP CITY-ST-ZIP VPS TITLE ☐ Defete TITLE Change Addition STOUGHTON, JANET N NAME NAM 1260 KILLARNEY DRIVE STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32176 CITY ST-ZIP CITY - ST - ZIP Defete MILE ☐ Change ■ Addition 1011 STOUGHTŪN, DAVID NAME NAMI 1260 KILLARNEY DRIVE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP ORMOND BEACH FL 32174 CITY-ST-ZIP U00000723494 Change ☐ Delete HILE TITLE Addition SAMAROO, MELISSA NAME NAME 05/02/07-80073-021 158.75 1260 KILLARNEY DRIVE STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32174 CITY - ST - ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

indicated on this report or supplemental toport is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an efficer or director of the corporation or the receiver of fusion 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 effort the empowered.

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section (19, Florida Statutes, I further certify that the information

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF MENING OFFICER OR DIRECTOR

Dale

Daytime Phone #