2004 FOR PROFIT CORPORATION

FILED May 03, 2004 8:00 am Secretary of State

| DOCUMENT # P98000003877 1. Entity Name SOUTHERN COMFORT BUILDERS, INC. | | | | |) | 05-03-200 | 4 90753 0 | 20 ***1: | 50.00 | |
|---|--|---------------------------------|-------------------------------------|--|--|---|---|--------------|------------|--|
| Principal Place of Business Mailing Address | | | | | 7 | | | | | |
| 5030 N. COURTNEY PKWY | | 540 CHASE HAMMOCK RD | | | 1. | | | | | |
| MERRITT ISLAND, FL 32953 | | MERRITT ISLAND, FL 32953 | | | | | | | | |
| | | | | | | (8)81 1811 88 11 8821 88 | IIE Gr ier Brier ini s | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01122004 | Chg-P | CR2E03 | 4 (10/03) | | | |
| City & State | | City & State | | | 4. FEI Numbe | r | | Api | plied For | |
| Zip Country | | Zip Country | | try | 59-3498633 Not Applicable Secret Secr | | | | | |
| Zip | Country | Ζιρ | Cour | | 5. Certificate of Status Desired | | | ee Required | | |
| 6. Na | ame and Address of Current F | Registered Agent | | Nows | 7. Name and | Address of New I | Registered A | gent | | |
| ELLIS, OMMIE J | | | | Name | | | | | | |
| 5030 N. COURTENAY PKWY MERRITT ISLAND, FL. 32953 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | | | | | | | | j | |
| DECOMMEND WEST TO THE STATE OF | | | | City | FL Zip Code | | | | | |
| 8. The above named of the obligations of re | entity submits this statement for gistered agent. | the purpose of changing its r | registere | ed office or registe | ered agent, or bot | h, in the State of Fl | orida. I am fa | miliar with, | and accept | |
| SIGNATURESignature, | typed or printed name of registered agent a | and title if applicable. (NOTE: | : Registere | d Agent signature require | red when reinstating) | | DATE | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financian Trust Fund Contribution. | | | | | 5.00 May Be Ided to Fees | <u></u> | 2 | - | | |
| 10. OFFICERS AND DIRECTORS 11. | | | | | ADDITIONS/ | CHANGES TO OF | FICERS AND | DIRECTORS | S IN 11 | |
| TITLE STD | STD Delete TITU | | | | | | | ☐ Change | ☐ Addition | |
| | ELLIS, OMMIE J | | | - | | | | | | |
| | | | | ET ADDRESS - ST-ZIP | | | | | | |
| ······ | MERRITT ISLAND, FL 32953 | | | | | | | | - Addition | |
| TITLE NAME | Deserge State | | | | | | | ☐ Change | ☐ Addition | |
| STREET ADDRESS | | | | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | CITY | -ST-ZIP | | | | | : | |
| TITLE | | ☐ Delete | TITLE | | | | | ☐ Change | ☐ Addition | |
| NAME | | | NAM | E | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | ET ADDRESS - ST- ZIP | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | □ Poleto | ╅ | | | | | ☐ Change | ☐ Addition | |
| TITLE NAME | | ☐ Delete | TITLI | | | | | - Change | Magation | |
| STREET ADDRESS | | | | ET ADDRESS | | | · | | | |
| CITY ST-ZIP | | | CITY | -ST-ZIP | | | | | | |
| TITLE | | | | | | | | | ☐ Addition | |
| I I | | ☐ Delete | TITL | 1 | | | | ☐ Change | | |
| NAME STREET ANDRESS | | ☐ Delete | NAM | E | | | | ☐ Change | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | NAM STRE | 1 | | | | ■ Change | | |
| STREET ADDRESS | | ☐ Delete | NAM STRE | EET ADDRESS -ST-ZIP | | *************************************** | | ☐ Change | ☐ Addition | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME | | | STRE CITY TITU | E ET ADDRESS -ST-ZIP E | | | | | | |
| STREET ADDRESS CITY-ST-ZIP TITLE | | | STRE CITY TITU NAM STRE | EET ADDRESS -ST-ZIP | | *************************************** | | | | |

12. Thereby depthy that the information supplied with this filling does not qualify for the exemption stated in Section 1 19.07(3)(f), Florida Statutes. 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:

LIRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTION

4-29-04 321-453-224