

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90008 043 \*\*\*150.00

<b>DOCUMENT # P98000023076</b> 1. Entity Name <b>CUSTOM DESIGN HOMES, INC.</b>																													
Principal Place of Business <b>13655 TANGERINE BLVD. W. PALM BCH, FL 33412</b>			Mailing Address <b>13655 TANGERINE BLVD. W. PALM BCH, FL 33412</b>																										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State  Zip		City & State  Zip		4. FEI Number <b>65-0822838</b> Applied For <input type="checkbox"/> Not Applicable																									
City & State  Zip		City & State  Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>ANDERSON, ELISABETH 13655 TANGERINE BLVD. W. PALM BCH, FL 33412</b>				7. Name and Address of New Registered Agent Name <b>DEL RUSSO, ELISABETH</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <i>Elisabeth Del Russo</i> <b>ELISABETH DEL RUSSO</b> <b>2-25-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ARNOLD, ELISABETH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13655 TANGERINE BLVD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>W. PALM BCH, FL 33412</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	ARNOLD, ELISABETH		STREET ADDRESS	13655 TANGERINE BLVD.		CITY-ST-ZIP	W. PALM BCH, FL 33412		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">DEL RUSSO, ELISABETH</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	DEL RUSSO, ELISABETH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																													
SIGNATURE: <i>Elisabeth Del Russo</i> <b>ELISABETH DEL RUSSO</b> <b>2/25/08 (56) 795-2866</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													