
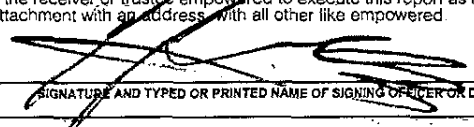


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000050753 1. Entity Name DREAM HOMES OF THE FIRST COAST, INC.		
Principal Place of Business 1800 SR 207 ST. AUGUSTINE, FL 32086	Mailing Address 1800 SR 207 ST. AUGUSTINE, FL 32086	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JACOBS, KERI 1800 STATE ROAD 207 SAINT AUGUSTINE, FL 32086		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		1100000557130 05/17/06-80038-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT JACOBS, CAMERON 5420 ATLANTIC VIEW ST. AUGUSTINE, FL 32084	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS ZAKROCKI, LEROY H 5394 SOUNDVIEW AVENUE SAINT AUGUSTINE, FL 32086	
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TITLE NAME STREET ADDRESS 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		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/21/06 Date Daytime Phone #