


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90014 038 \*\*\*150.00

<b>DOCUMENT # P98000055196</b>	
1. Entity Name <b>PEARSON'S MANUFACTURED HOUSING SPECIALISTS, INC.</b>	

Principal Place of Business <b>5655 SAUFLEY FIELD RD. D PENSACOLA, FL 32526 US</b>	Mailing Address <b>P.O. BOX 37628 PENSACOLA, FL 32526</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip	City & State  Zip	Country	Country
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01062005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3522303</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CHASE, JAMES L 101 EAST GOVERNMENT STREET PENSACOLA, FL 32501</b>	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PEARSON, ARNOLD F JR</b> <b>5655-D SAUFLEY FIELD RD.</b> <b>PENSACOLA, FL 32526</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/S VICE PRESIDENT &amp; SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>BRIAN HEARD</b> <b>5655-D SAUFLEY FIELD ROAD</b> <b>PENSACOLA, FL 32526</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V T</b> <b>PEARSON, FERN P</b> <b>5655-D SAUFLEY FIELD RD.</b> <b>PENSACOLA, FL 32526</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BRIAN STOTTS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>5655-D SAUFLEY FIELD ROAD</b> <b>PENSACOLA, FL 32526</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HAGLER, LEE C JR.</b> <b>5655-D SAUFLEY FIELD RD.</b> <b>PENSACOLA, FL 32526</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>TURBERVILLE, LELA D</b> <b>5655-D SAUFLEY FIELD RD.</b> <b>PENSACOLA, FL 32526</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **1/5/05** **850-595 4679**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #