


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90116 024 ***150.00

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| DOCUMENT # P98000064947 |  |
| 1. Entity Name GREAT SOUTHERN HOMES, INC. | |

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| Principal Place of Business 11505 OSPREY POINTE BLVD. CLERMONT, FL 34711 | Mailing Address P.O. BOX 120367 CLERMONT, FL 34712 US |
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| 2. Principal Place of Business 17532 Cobblestone Lane Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State Clermont FL | City & State |
| Zip 34711 | Country USA |

03212005 Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3525020 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent WALLACE, DAVID W 11505 OSPREY POINTE BLVD CLERMONT, FL 34711 | | |

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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 17532 Cobblestone Lane City Clermont FL Zip Code 34711 | |
| 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 <u><i>David Wallace</i></u> DATE <u>4/14/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 | D WALLACE, DAVID W P.O. BOX 120367 CLERMONT, FL 34711 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <u><i>David Wallace</i></u> DATE <u>4/14/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | |
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