2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000070700

STUART, FL 34997

City-St-Zip:

Entity Name: MCNALLY SIGNATURE HOMES INC.

FILED Feb 20, 2005 Secretary of State

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|---|---|---|---|--|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | | |
| 595 SW H. STUART, | ARBOR STRE FL 34997 | EΤ | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 595 SW H. STUART, | ARBOR STRE FL 34997 | EΤ | | | |
| FEI Number | : 65-0914862 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| STUART, The above | ÁRBOR ST FL 34997 l | JS submits this statement for the | purpose of changing its registered | office or registered agent, or both, | |
| SIGNATUI | | | | | |
| Election Car | | nic Signature of Registered A g Trust Fund Contribution(). | gent | Date | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PDT (MCNALLY, DO 595 SW HARB STUART, FL 3 | OR ST | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: Name: Address: | VSO (MCNALLY, NA 595 SW HARB | | Title: Name: Address: | () Change () Addition | |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON B. MCNALLY PRES 02/20/2005