2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

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SIGNATURE

May 01, 2006 8:00 am Secretary of State **DOCUMENT # P98000075999** 05-01-2006 90345 030 ***150.00 NEW HOME STORE, INC. Principal Place of Business Mailing Address 115 INTERNATIONAL PKWY 115 INTERNATIONAL PKWY HEATHROW, FL 32746 HEATHROW, FL 32746 2. Principal Place of Business 3. Mailing Address -719 Rodel Cove 719 Rodel Cove 04262006 Chg-P CR2E034 (11/05) 4. FEI Number Lake Mary, FL Applied For Lake Mary, FL 59-3530918 Not Applicable -32746 USA -32746 USA \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SODERSTROM, ROGER W Street Address (P.O. Box Number is Not Acceptable) 115 INTERNATIONAL PKWY HEATHROW, FL 32746 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change ☐ Addition SODERSTROM, ROGER W NAME NAME STREET ADDRESS 115 INTERNATIONAL PKWY STREET ADDRESS CITY-ST-ZIP HEATHROW, FL 32746 CITY-ST-ZIP TITLE Detete ☐ Change ☐ Addition SODERSTROM, TANSEY M NAME NAME 115 INTERNATIONAL PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HEATHROW, FL 32746 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZP ☐ Delete ППЕ ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS 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

FILED