2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE: S

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 29, 2005 8:00 am Secretary of State DOCUMENT # P98000089118 1. Entity Name 04-29-2005 90311 001 ****80.00 MULLER HOMES, INC. 04-29-2005 90311 002 ****70.00 Principal Place of Business Mailing Address POST OFFICE BOX 701358 WABASSO FL 32970 7385 36TH COURT VERO BEACH FL 32967 3. Mailing Address 2. Principal Place of Business 7355 35 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) 1st MOORE City & State_ City & State 4. FEI Number Applied For 65-0931327 Beach Not Applicable Country Country Zip \$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 MULLER, HENRY J Street Address (P.O. Box Number is Not Acceptable) 7355 35TH COURT VERO BEACH FL 32967 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 (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete THILE ☐ Change ☐ Addition MULLER, HENRY J NAME NAME STREET ADDRESS STREET ADDRESS 7355 35TH COURT CITY-ST-ZIP VERO BEACH FL 32967 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED