2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 05, 2007 08:00 AM **DOCUMENT # P98000096568 Secretary of State** 1. Entity Name ELDÓRADO HOMES INC. Principal Place of Business Mailing Address 213 MAIN ST PO BOX 548 DUNDEE, FL 33838 DUNDEE, FL 33838 No Chg-P 01052007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0625581 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SEWNARINE, CHITRAM DO NOT WRITE 215 MAIN ST DUNDEE, FL 33838 IN THIS SPACE 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 tale if applicable, (NOTE: Registered Agent aignature required when rematating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SEWNARINE, CHITRAM NAME U00000621904 STREET ADDRESS 215 MAIN STREET 02/13/07-80004-017 150.0h CITY-ST-ZIP DUNDEE, FL 33838 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TILE

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 the 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 encovered to execute this period as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS