2004 FOR PROFIT CORPORATION

FILED Feb 02, 2004 8:00 am Secretary of State

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DOCUMENT # P99000013157 02-02-2004 90036 028 ***150.00 HOMES YOURWAY, INC. Principal Place of Business Mailing Address 44006414 2906 THOMAS DRIVE 2906 THOMAS DRIVE PANAMA CITY BEACH, FL 32408 PANAMA CITY BEACH, FL 32408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252004 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 59-3559639 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent "6."Name and Address of Current Registered Agent Name SOMBATHY, JULIE A Street Address (P.O. Box Number is Not Acceptable) 434 MAGNOLIA AVE. PANAMA CITY, FL Zip Code City 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. Lam familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9.-Election.Campaign.Financing --\$5:00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE ☐ Change ☐ Addition WALLACE, FAYE NAME NAME STREET ADDRESS 8207 GRAND BAY BLVD. STREET ADDRESS PANAMA CITY, FL 32408 CITY-ST-ZIP CITY-ST-ZIP SECRETARY/ TREAT. Delete TITLE ☐ Change Addition TITLE R. MICHAEL WALLACE WALLACE, KRISTINA NAME NAME 8207 GRAND BAY BLVD STREET ADDRESS 3656 MELROSE COTTAGE DR. STREET ADDRESS CITY-ST-ZIP MATTHEWS, NC 28105 CITY-ST-ZIP DAHAMA CITY, FL 32408 TITLE _ 🔲 Delete TITLE ☐ Change _ _ ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

A. WHILACE 1/25/04 (450)236-1900