2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 23, 2007 8:00 am Secretary of State DOCUMENT # P99000027377 1. Entity Name 04-23-2007 90057 032 ***150.00 HOME BUILDERS SHOWCASE, INC. Mailing Address 16216 Palmettogle Principal Place of Business 6998 BRIDGECREST DRIVE 5903 TEALWATER PLACE LITHIA FL 33547 LITHIA FL 33547 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-3582789 Not Applicable Zip Country Country Zip \$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 PLUMLEY, RONALD J Street Address (P.O. Box Number is Not Acceptable) 5903 TEALWATER PLACE LITHIA FL 33547 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 little i applicable. (NOTE Registored Agent signature required when reinstating) DAH FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ши Delete HILLE ☐ Change ☐ Addition PLUMLEY, RONALD J NAME 5903 TEALWATER PLACE STREET ADDRESS STREET ADDRESS LITHIA FL 33547 CITY-ST-ZIP CITY ST ZIP THILE Delete 100 ☐ Change Addition NAME STREET ADORESS STREET ADORESS CHY-SI-709 CDY SEZIP TITLE Delete 1001 ☐ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST 7IP HILE ☐ Delete Change ■ Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY ST ZIP THEF Delete 1611 Change ☐ Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST 7IP Change Addition HILLE ши ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CHY-SI-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.

4E OF SIGNING OFFICER OR DIRECTOR

16 April 2007

Daytime Phone #

FILED