

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

10089877

<b>DOCUMENT # P99000101716</b> 1. Entity Name: <b>SONNIG HOME BUILDERS, INC.</b>		
Principal Place of Business 20 GOLF VIEW DR 935 Ocean Shore Blvd # 218 OCALA, FL 34472 Ormond Beach FL 32176		Mailing Address 20 GOLF VIEW DR 935 Ocean Shore Blvd # 218 OCALA, FL 34472 Ormond Beach FL 32176
2. Principal Place of Business 935 Ocean Shore Blvd # 218 Suite, Apt. #, etc.		3. Mailing Address 935 Ocean Shore Blvd # 218 Suite, Apt. #, etc.
City & State Ormond Beach FL		City & State Ormond Beach FL
Zip 32176		Zip 32176
Country Volusia		Country Volusia
4. FEI Number 65-0962442		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HARDEN, DAVID M 20 GOLF VIEW DR OCALA, FL 34472		7. Name and Address of New Registered Agent Name Carl Raschke Street Address (P.O. Box Number, Is Not Acceptable) 935 Ocean Shore Blvd # 218 Ormond Beach City FL Zip Code 32176
8. The above named entry 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: <small>Signature, typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent's signature required when enclosing)</small>		4/25/03 <small>Date</small>
9. Election Campaign Financing: <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D BREITBACH, RAINER <input type="checkbox"/> Delete STREET ADDRESS 20 GOLF VIEW DR CITY-ST-ZIP OCALA, FL 34472	TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Carl Raschke STREET ADDRESS 935 Ocean Shore Blvd # 218 CITY-ST-ZIP Ormond Beach FL 32176	CR2E004 (10/02)
TITLE D KLEIN, WERNER <input type="checkbox"/> Delete STREET ADDRESS 20 GOLF VIEW DR CITY-ST-ZIP OCALA, FL 34472	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D RICKHOFF, GERHARD <input type="checkbox"/> Delete STREET ADDRESS 20 GOLF VIEW DR CITY-ST-ZIP OCALA, FL 34472	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D SCHMALE, DIETER <input type="checkbox"/> Delete STREET ADDRESS 20 GOLF VIEW DR CITY-ST-ZIP OCALA, FL 34472	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D TIEN, JOHANNES <input type="checkbox"/> Delete STREET ADDRESS 20 GOLF VIEW DR CITY-ST-ZIP OCALA, FL 34472	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D HARDEN, DAVID M <input checked="" type="checkbox"/> Delete STREET ADDRESS 580 SW 48 LANE CITY-ST-ZIP OCALA, FL 34474	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption subject in Section 199.07(1)(X), 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 or without the empowerment.		
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/25/03 3864417192 <small>Date Daytime Phone #</small>