2007 FOR PROFIT CORPORATION

FILED May 01, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P99000105264** 05-01-2007 90004 016 ***150.00 SOUTHERN HOME REALTY, INC. Principal Place of Business Mailing Address 1130 E PLANT STREET 1130 E PLANT STREET STE B STE B WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1137 E PLANT ST 1137 E PLANT ST Suite, Apt. #, etc. Suite, Apt. #, etc. 04302007 CR2E034 (12/06) Applied For City & State City & State 4. FEI Number WINTER GARDEN WINTER GARDEN, FL 59-3615475 Not Applicable \$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 Street Address (P.O. Box Number is Not Acceptable) 9072 HERITAGE BAY CIRCLE DUNFEE, JOHN K 7756 SUGAR BEND DR ORLANDO, FL 32819 DRLANDO 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. 4/30/07 JOHN K. DUNFEE SIGNATURE. (NOTE: Registered Agont signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D TITLE TITLE Change ☐ Addition ☐ Delete DUNFEE, JOHN K NAME **DUNFEE, JOHN K** NAME 9072 HERITAGE BAY CIR STREET ADDRESS 7756 SUGAR BEND DR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32836 CITY-ST-ZIP ORLANDO, FL 32819 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: