2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S31762

Entity Name: CAMBRIDGE HOMES INC.

FILED Apr 10, 2006 Secretary of State

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Current Principal Place of Business:				New Pri	New Principal Place of Business:			
	STMONTE DR TE SPRINGS,		US					
Current Mailing Address:				New Mailing Address:				
	STMONTE DR TE SPRINGS,		US					
FEI Number:	59-3049697	FEI Number A	Applied For ()	FEI Number Not Ap	oplicable ()	Certificate of Status I	Desired ()	
Name and	Address of C	urrent Regis	tered Agent:	Name an	nd Address of	New Registered Ag	ent:	
OROSZ, JF 235 NORT ALTAMON	R., W.S. H WESTMON' TE SPRINGS,	TE DRIVE FL 32714	US					
The above in the State		submits this st	atement for the pu	rpose of changing	g its registered	office or registered ag	gent, or both,	
SIGNATUR	RE:							
Electronic Signature of Registered Agent				t		Date		
Election Can	npaign Financing	Trust Fund Co	ntribution ().					
OFFICERS AND DIRECTORS:				ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	OROSZ, WILLIA 235 N WESTMO		114	Title: Name: Address: City-St-Zip:	·	() Change () Addition		
Title: Name: Address: City-St-Zip:	STEAKLEY, JEI 235 N WESTMO		114	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	WOOD, STEPH 242 N WESTMO		14	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	SOUTH, SCOTT 235 N WESTMO		'14	Title: Name: Address: City-St-Zip:		()Change ()Addition		
Title: Name: Address: City-St-Zip:	PARIS, JASON 235 N WESTMO	Delete DNTE DR PRINGS, FL 327	14	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	POE, BRET 235 N. WESTM	Delete ONTE DR. PRINGS, FL 327	114	Title: Name: Address: City-St-Zip:	OROSZ, STE 235 N. WEST			

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM S. OROSZ, JR. DP 04/10/2006