2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007
Secretary of State

DOCUMENT# V21330

Entity Name: ECCLESTONE SIGNATURE HOMES COMPANY

Current Principal Place of Business:

8895 N. MILITARY TRAIL
SUITE 101B
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

8895 N. MILITARY TRAIL
SUITE 101B
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 65-0319800 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ECCLESTONE, LLWYD E. III
8895 N. MILITARY TRAIL - SUITE 101B
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CEO	( ) Delete
Name:	ECCLESTONE, E. LLWYD, III	
Address:	8895 N. MILITARY TRAIL - SUITE 101B	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	P	( ) Delete
Name:	RAPAPORT, JONATHAN	
Address:	8895 N. MILITARY TRAIL - SUITE 101B	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	S	( ) Delete
Name:	PIRETTI, ROSANNE	
Address:	8895 N. MILITARY TRAIL - SUITE 101B	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	T	( ) Delete
Name:	WEISS, CATHERINE J	
Address:	8895 N. MILITARY TRAIL - SUITE 101B	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	PIERCE, MARY	
Address:	8895 N. MILITARY TRAIL - SUITE 101B	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	

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: MARY PIERCE T 04/23/2007

Electronic Signature of Signing Officer or Director — Date