


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90024 008 ****61.25

DOCUMENT # 706459
1. Entity Name
HAWTHORNE HOUSE, INC.



Principal Place of Business: **3201 N.E. 29TH ST. FT. LAUDERDALE FL 33308**
Mailing Address: **3201 N.E. 29TH ST. FT. LAUDERDALE FL 33308**



2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State, Zip, Country fields for both Principal Place of Business and Mailing Address.

4. FEI Number: **59-1114211**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WEISSER, AARON
3201 NE 29TH STREET
SUITE 104
FORT LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** 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: *Aaron Weisser*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	WEISSER, AARON	
STREET ADDRESS	3201 NE 29TH ST., #104	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TEMPESTA, CLIFFORD	
STREET ADDRESS	3201 N.E. 29TH ST H 205	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CORLEY, PAT	
STREET ADDRESS	3201 NE 29TH ST APT 306	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Delete
NAME	COVIELLO, JOSEPH	
STREET ADDRESS	3201 NE 29 ST #207	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	TRUOCCHIO, GARY	
STREET ADDRESS	3201 NE 29TH ST, # 305	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MAGNANI, ARTHUR	
STREET ADDRESS	3201 NE 29TH ST. #103	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IAMMATEO, JACK	
STREET ADDRESS	3201 NE 29TH ST. APT 308	
CITY-ST-ZIP	FORT LAUDERDALE, FL. 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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 617, 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: *Aaron Weisser*