
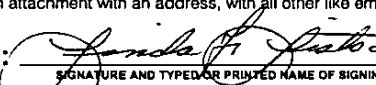


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90102 013 ****61.25

DOCUMENT # F0000006214 1. Entity Name RETIREMENT HOUSING FOUNDATION, INC.					
Principal Place of Business 911 NORTH STUDEBAKER ROAD LONG BEACH, CA 90815-4900			Mailing Address 911 NORTH STUDEBAKER ROAD LONG BEACH, CA 90815-4900		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOSEPH, LAVERNE R		NAME		
STREET ADDRESS	911 NORTH STUDEBAKER ROAD		STREET ADDRESS		
CITY-ST-ZIP	LONG BEACH, CA 90815		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LISTOE, LINDA SR.		NAME	VS LISTOE, LINDA	
STREET ADDRESS	911 NORTH STUDEBAKER ROAD		STREET ADDRESS	911 NORTH STUDEBAKER ROAD	
CITY-ST-ZIP	LONG BEACH, CA 90815		CITY-ST-ZIP	LONG BEACH, CA 90815	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAWATA, TERUO		NAME		
STREET ADDRESS	911 NORTH STUDEBAKER ROAD		STREET ADDRESS		
CITY-ST-ZIP	LONG BEACH, CA 90815		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASUDA, TOM		NAME		
STREET ADDRESS	911 NORTH STUDEBAKER ROAD		STREET ADDRESS		
CITY-ST-ZIP	LONG BEACH, CA 90815		CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TRNKA, JOHN E DR.		NAME	VC POTTER, CHRISTINA E	
STREET ADDRESS	911 NORTH STUDEBAKER ROAD		STREET ADDRESS	911 NORTH STUDEBAKER ROAD	
CITY-ST-ZIP	LONG BEACH, CA 90815		CITY-ST-ZIP	LONG BEACH, CA 90815	
TITLE	DVC	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KING, DONALD W		NAME	DC KING, DONALD W	
STREET ADDRESS	911 NORTH STUDEBAKER ROAD		STREET ADDRESS	911 NORTH STUDEBAKER ROAD	
CITY-ST-ZIP	LONG BEACH, CA 90815		CITY-ST-ZIP	LONG BEACH, CA 90815	
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 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:  Linda Listoe			Date: <u>04/10/2006</u>		Daytime Phone #: <u>(562) 257-5100</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					