

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 14, 2005
Secretary of State**

DOCUMENT# N03000008864

Entity Name: HOUSING AND ASSISTIVE TECHNOLOGY, INC.

Current Principal Place of Business:

2000 TOWERSIDE TERRACE
#505
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

2000 TOWERSIDE TERRACE
#505
MIAMI, FL 33138

New Mailing Address:

FEI Number: 04-3777501 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOFSKY, BETH J
2000 TOWERSIDE TERRACE
#505
MIAMI, FL 33138 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

OFFICERS AND DIRECTORS:

Title: D, P () Delete
Name: KOFSKY, BETH J
Address: 2000 TOWERSIDE TERRACE #505
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: OSTROWSKI, DALE
Address: 1130 NE 100 STREET
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: PRIME, CARL L
Address: 209 FLORIDA AVENUE
City-St-Zip: CORAL GABLES, FL 33131

Title: D () Delete
Name: CHESTER, TERRY
Address: 10234 SW 58TH STREET
City-St-Zip: COOPER CITY, FL 33328

Title: D () Delete
Name: CESSARANO, MICHAEL
Address: 815 DILIDO DRIVE
City-St-Zip: MIAMI BEACH, FL 33139

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETH KOFSKY

DP

01/14/2005

Electronic Signature of Signing Officer or Director

Date