2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Feb 16, 2005 8:00 am **Secretary of State** DOCUMENT # N04000008739 02-16-2005 90019 028 ****61.25 SIMPLE HOUSING, INC. Principal Place of Business Mailing Address 1025 ORANGE AVENUE 1025 ORANGE AVENUE WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 Chg-NP CR2E037 (10/03) City & State 4. FEI Number Applied For City & State 11-3728018 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAMRICK, ALEX H Street Address (P.O. Box Number is Not Acceptable) 1000 LEGION PLACE **SUITE 1700** ORLANDO, FL 32801 City 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2005 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE Delete TITLE ☐ Change NAME NAME Clement, Ann 1404 Egrris Ave Winter Park FL 32789 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐(Addition ☐ Delete TITLE ☐ Change DILLE pam NAME coburn. STREET ADDRESS 2202 merritt Park Dr STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _3>789 Delete ... TAYlor, Susan NAME NAME STREET ADDRESS STREET ADDRESS 1025 Grange Avenue CITY-ST-ZIP CITY-ST-78 Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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I hereby certify that the information supplied with this filing does not qualify 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 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.

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