2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004340

FILED May 02, 2007 Secretary of State

Entity Name: WORKFORCE HOUSING VENTURES, INC.

Current Principal Place of Business:			New Principal Place of Business:	
	ANGE VALLEY	LN		
#1 DADE CIT`	Y, FL 33525	US		
Current Mailing Address:			New Mailing Address:	
P.O BOX 9 DADE CIT	948 Y, FL 33526	US		
n accordan		(2)(b), F.S., the corporation did not receive	· •	e.
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:
	, VIRGINIA L ANGE VALLEY	LN		
DADE CIT	Y, FL 33525 U	S		
	named entity s e of Florida.	ubmits this statement for the purpose of	of changing i	ts registered office or registered agent, or both,
SIGNATUF	RE:			
	Electroni	c Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Γitle: √ame: Address: City-St-Zip:	PD () MORRILL, PENE 37314 MERIDIA DADE CITY, FL	N AVE	Title: Name: Address: City-St-Zip:	()Change ()Addition
Fitle: Name: Address: City-St-Zip:	VPD () CUMBEE, RALP 36351 CLINTON DADE CITY, FL	AVENUE	Title: Name: Address: City-St-Zip:	()Change ()Addition
Fitle: Name: Address: City-St-Zip:	TD () STURWOLD, RA 37407 MOORE DADE CITY, FL	DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition
Fitle: Name: Address: City-St-Zip:	SD () DILLON, LINDA 36815 PERRY C DADE CITY, FL		Title: Name: Address: City-St-Zip:	D (X) Change () Addition AUVIL, JONATHAN 37837 MERIDIAN AVENUE DADE CITY, FL 33525 US
Title: Name:	HAMPTON, JOY 38008 MERIDIA		Title: Name: Address: City-St-Zip:	D (X) Change () Addition WELCH, JIM 13326 LEE STREET #1 DADE CITY, FL 33525 US
Address: City-St-Zip:	DADE CITT, I E			

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PENELOPE MORRILL PD 05/02/2007