2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003368

Entity Name: HOUSE OF RESTORATION, INC.

FILED May 01, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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15820 NW 45TH AVE. 3240 FAIRHAVEN AVENUE MIAMI, FL 33054 KISSIMMEE, FL 34746

Current Mailing Address: New Mailing Address:

15820 NW 45TH AVE. P.O. BOX 421586

MIAMI, FL 33054 KISSIMMEE, FL 34742 US

FEI Number: 56-2356741 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

DIAZ, GREGORIA DIAZ, GREGORIA 3240 FIARHAVEN AVENUE 15820 NW 45TH AVE. MIAMI, FL 33054 KISSIMMEE, FL 34746

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: 05/01/2004

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete DIAZ, GREGORIA DIAZ, GREGORIA Name: Name:

Address: 15820 NW 45TH AVE. Address: 3240 FAIRHAVEN AVENUE City-St-Zip: MIAMI, FL 33054 City-St-Zip: KISSIMMEE, FL 34746 US

Title: () Delete Title: (X) Change () Addition CURET COLON, ESTHER M CURET COLON, ESTHER M Name: Name: Address: 15820 NW 45TH AVE. Address: 3240 FAIRHAVEN AVENUE City-St-Zip: MIAMI, FL 33054 City-St-Zip: KISSIMMEE, FL 34746 US

Title: () Delete Title: SD (X) Change () Addition LUNA, MARTA N Name: PRIETO, ESTHER Name:

15820 NW 45TH AVE. 3240 FAIRHAVEN AVENUE Address: Address: City-St-Zip: MIAMI, FL 33054 City-St-Zip: KISSIMMEE, FL 34746 US

Title: TD () Delete Title: TD (X) Change () Addition Name: DIAZ, GLORIA E Name: DIAZ, GLORIA E

3240 FAIRHAVEN AVENUE Address: 15820 NW 45TH AVE. Address: City-St-Zip: MIAMI, FL 33054 City-St-Zip: KISSIMMEE, FL 34746 US

Title: Title: () Delete () Change (X) Addition

PRIETO, LUIS S Name: Name:

3240 FAIRHAVEN AVENUE Address: Address: KISSIMMEE, FL 34746 US City-St-Zip: 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: GREGORIA DIAZ PD 05/01/2004