2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007
Secretary of State

DOCUMENT# F03000003158

Entity Name: HABITAT FOR HUMANITY INTERNATIONAL, INC.

Current Principal Place of Business:

121 HABITAT STREET
AMERICUS, GA 31709

New Principal Place of Business:

Current Mailing Address:

121 HABITAT STREET
AMERICUS, GA 31709

New Mailing Address:

FEI Number: 91-1914868 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: CEO ( ) Delete
Name: RECKFORD, JONATHAN
Address: 121 HABITAT STREET
City-St-Zip: AMERICUS, GA 31709

Title: EVPI ( ) Delete
Name: CARSCADDON, MICHAEL
Address: 121 HABITAT STREET
City-St-Zip: AMERICUS, GA 31709

Title: SVPC ( ) Delete
Name: CLARKE, CHRIS
Address: 121 HABITAT STREET
City-St-Zip: AMERICUS, GA 31709

Title: SVPA ( ) Delete
Name: CROZET, MARK
Address: 121 HABITAT STREET
City-St-Zip: AMERICUS, GA 31709

Title: AS ( ) Delete
Name: LEWIS, AARON
Address: 121 HABITAT STREET
City-St-Zip: AMERICUS, GA 31709

Title: AS ( ) Delete
Name: DETITTA, SUSAN
Address: 121 HABITAT STREET
City-St-Zip: AMERICUS, GA 31709

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:

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 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: AARON LEWIS AS 02/20/2007

Electronic Signature of Signing Officer or Director — Date