2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2007
Secretary of State

DOCUMENT# 733162

Entity Name: THE NEIGHBORHOOD OUTREACH, INC.

Current Principal Place of Business:

13900 NW 7 AVE.
MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

13900 NW 7 AVE.
MIAMI, FL 33168

New Mailing Address:

FEI Number: 59-1643377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCOTT, HULLIE M
13900 NW 7TH VE
MIAMI, FL 33168 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: P/D ( ) Delete
Name: SCOTT, HULLIE MAE,
Address: 13900 NW 7 AVE.
City-St-Zip: MIAMI, FL 33168

Title: D ( ) Delete
Name: BALLARD, ANDREA S.,
Address: 4101 N W 190TH STREET
City-St-Zip: MIAMI GARDENS, FL 33055

Title: TD ( ) Delete
Name: PRIDGEN, CATHERINE,
Address: 2841 NW 173RD TERR
City-St-Zip: MIAMI GARDENS, FL 33056

Title: SD ( ) Delete
Name: ROZIER -BALLARD, CHR, ISTINE
Address: 17400 NW 46TH AVENUE
City-St-Zip: MIAMI GARDENS, FL 33055

Title: VP/D ( ) Delete
Name: ANDERSON, CHERYL S.,
Address: 3441 NW 173RD TERR
City-St-Zip: MIAMI GARDENS, FL 33055

Title: VP/D ( ) Delete
Name: ANDERSON, THOMAS,
Address: 3441 N W 173TH TERR
City-St-Zip: MIAMI GARDENS, FL 33055

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: HULLIE M.SCOTT P/D 03/31/2007

Electronic Signature of Signing Officer or Director — Date