2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007
Secretary of State

DOCUMENT# 758466

Entity Name: SELF-RELIANCE HOUSING, INC.

Current Principal Place of Business:

12718 N. 19TH ST.
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

12718 N. 19TH ST.
UNIT #1825
TAMPA, FL 33612

New Mailing Address:

FEI Number: 59-1981675 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OROSZ, BOB
12718 N. 19TH ST.
UNIT #1825
TAMPA, FL 33612 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: D ( ) Delete
Name: SLATER, JOANNE
Address: 408 N. BRYAN CIRCLE
City-St-Zip: BRANDON, FL 33511

Title: D ( ) Delete
Name: LANITIS, CHRIS
Address: 2162 2ND AVE N.
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: D ( ) Delete
Name: SCHAIBLY, DEBI
Address: 3153 TINA MARIE
City-St-Zip: ZEPHYRHILLS, FL

Title: D ( ) Delete
Name: MALLORY, NORMAN
Address: 12602 51ST ST
City-St-Zip: TAMPA, FL 33617

Title: PD ( ) Delete
Name: GONDREAU, DAVID
Address: 301 E. 121ST AVE
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: OLIVER, EDDIE
Address: 5004 KNOLLWOOD PLACE
City-St-Zip: TAMPA, FL 33617

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: DAVID GONDREAU D 01/25/2007

Electronic Signature of Signing Officer or Director — Date