

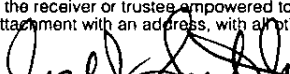


FILED
Mar 10, 2008 8:00 am
Secretary of State

40041370

DOCUMENT # 763822 1. Entity Name ST. MICHAEL'S HOUSING, INC.				Secretary of State 03-10-2008 90054 027 ****61.25	
Principal Place of Business 2285 SR 580 CLEARWATER, FL 33763-1111 US		Mailing Address 28100 US HWY 19 N SUITE 504 CLEARWATER, FL 33761-2686		40041370 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 29750 US Hwy 19 No.		01172008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 200		4. FEI Number 59-2312821	
City & State		City & State Clearwater, FL		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
33761	US	33761	US		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DIVITO, JOSEPH A 4514 CENTRAL AVE ST PETERSBURG, FL 33711				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD TIMKO, THOMAS 2281 SR 580 CLEARWATER, FL 33763	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD Holly Pfister 2281 SR 580 Clearwater, FL 33763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MALINS-SMITH, CAMILLE 2309 REPUBLIC DRIVE PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	195 Clubview Dr. Safety Harbor, FL 34695 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOKE, COLMAN 2281 STATE RD 580 CLEARWATER, FL 33763	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD FASSNACHT, GERALD 1009 ROUNDSTONE PLACE PALM HARBOR, FL 34683	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD BAUER, SHARRON 2215 TONIWOOD LANE PALM HARBOR, FL 34685	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SOROTA, Joseph Jr 29750 US Highway 19 No #200 Clearwater, FL 33761 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD RIDENOUR, NANCY 2919 WICOMBE WAY PALM HARBOR, FL 34685	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Joseph J. Sorota Jr, Sec 3-608 727-785-9994 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					