

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
May 26, 2005
Secretary of State**

DOCUMENT# 766165

Entity Name: FELLOWSHIP HOUSE FOUNDATION, INC.

Current Principal Place of Business:5711 SOUTH DIXIE HIGHWAY
SOUTH MIAMI, FL 33143 US**New Principal Place of Business:****Current Mailing Address:**5711 SOUTH DIXIE HIGHWAY
SOUTH MIAMI, FL 33143 US**New Mailing Address:**

FEI Number: 59-2257262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:GIAMPAOLO, JOHN C VP ADM
5711 S. DIXIE HWY
MIAMI, FL 33143 US**Name and Address of New Registered Agent:**GATO, GERARDO VP F&O
5711 S. DIXIE HWY
MIAMI, FL 33143 US

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: GERARDO GATO

05/26/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: TD () Delete
Name: KLOMPARENS, AL
Address: 9131 SW 19 ST
City-St-Zip: MIAMI, FL 33165Title: SD () Delete
Name: GREEN, NANCY
Address: 10320 SW 69 AVENUE
City-St-Zip: MIAMI, FL 33156Title: D () Delete
Name: KREISBERG, IRVING
Address: 251 CRANDON BLVD APT#500
City-St-Zip: KEY BISCAWAYNE, FL 33149Title: CD () Delete
Name: SIBLEY, CURTISS
Address: 1201 SAN IGNACIO AVE
City-St-Zip: CORAL GABLES, FLTitle: D () Delete
Name: SANTANA, PUBLIO M
Address: 9501 SW 45TH STREET
City-St-Zip: MIAMI, FL 33165Title: PD () Delete
Name: OLLER, VIRAMA
Address: 5711 S DIXIE HWY
City-St-Zip: S MIAMI, FL 33143**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
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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 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: VIRAMA OLLER

PD

05/26/2005

Electronic Signature of Signing Officer or Director

Date