

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005365

Entity Name: NATIONAL HOUSING TRUST, INC.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

1101 30TH STREET, N.W., SUITE 400
WASHINGTON, DC 20007

New Principal Place of Business:

Current Mailing Address:

1101 30TH STREET, N.W., SUITE 400
WASHINGTON, DC 20007

New Mailing Address:

FEI Number: 52-1477599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESKRA, HANA K
517 BIANCA AVENUE
CORAL GABLES, FL 33146 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CS () Delete
Name: MELKONIAN, MARILYN
Address: 2915 DUMBARTON STREET, N.W.
City-St-Zip: WASHINGTON, DC 20007

Title: D () Delete
Name: AUSTIN, BOBBY W
Address: 4200 CONNECTICUT AVENUE, N.W.
City-St-Zip: WASHINGTON, DC 20008

Title: D () Delete
Name: CESTERO, RAFAEL
Address: 1 WHITEHALL STREET, 11TH FLOOR
City-St-Zip: NEW YORK, NY 10004

Title: PT () Delete
Name: BODAKEN, MICHAEL
Address: 9209 MIDWOOD ROAD
City-St-Zip: SILVER SPRING, MD 20910

Title: V () Delete
Name: KLINE, SCOTT L
Address: 6209 WATERWAY DRIVE
City-St-Zip: FALLS CHURCH, VA 22044

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:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL BODAKEN

PT

04/27/2009

Electronic Signature of Signing Officer or Director

Date