2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2004
Secretary of State

DOCUMENT# F95000003251

Entity Name: COMMUNITY HOUSING FUND, CORPORATION

Current Principal Place of Business:

800 W AIRPORT FWY
STE-197 LB6099
IRVING, TX 75062

New Principal Place of Business:

Current Mailing Address:

800 W AIRPORT FWY
STE-197 LB6099
IRVING, TX 75062

New Mailing Address:

FEI Number: 75-2443182 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH, FL 33139 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: CPD ( ) Delete
Name: HILDENBRAND, BARBARA
Address: 800 W AIRPORT FWY STE 197
City-St-Zip: IRVING, TX 75062

Title: D ( ) Delete
Name: SLAUGHTER, ANITA
Address: 2995 LBJ, SUITE 106
City-St-Zip: DALLAS, TX 75234

Title: D ( ) Delete
Name: IPINA, JOSEPHINA
Address: 800 W AIRPORT FWY
City-St-Zip: IRVING, TX 75062

Title: D ( ) Delete
Name: FLEMING, JOHNNY
Address: 800 W AIRPORT FWY
City-St-Zip: IRVING, TX 75062

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:

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: BARBARA HILDENBRAND P 01/10/2004

Electronic Signature of Signing Officer or Director — Date