## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K60738

FILED Jan 18, 2005 Secretary of State

Entity Name: HOUSEMAN-CARLYSLE GROUP, INC.						
Current Principal Place of Business:			New Principal Place of Business:			
5480 DOG MILTON, F	WOOD DR. FL 32570 L	S				
Current Mailing Address:			New Mailing Address:			
5480 DOG MILTON, F	WOOD DR. FL 32570 L	S				
FEI Number	: 59-2924068	FEI Number Applied For ( )	FEI Number Not Appl	icable()	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
HAMPTON, ROBERT C 4066 COACHMAN ROAD MILTON, FL 32583 US			4255 W. A	HAMPTON, ROBERT C 4255 W. AVENIDA DE GOLF MILTON, FL 32571 US		
	e named entity e of Florida.	submits this statement for the p	urpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATU	RE:			01/18/2005		
	Electro	nic Signature of Registered Age	nt		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	DP ( HAMPTON, RC 4066 COACHM MILTON, FL 3	IAN ROAD	Title: Name: Address: City-St-Zip:	HAMPTON, F	ENIDA DE GOLF	
Title: Name: Address: City-St-Zip:	V ( LOCKE, ALEX 3700 MARTIN : PACE, FL 325	STREET	Title: Name: Address: City-St-Zip:	V LOCKE, ALE 3700 MARTI PACE, FL 3	N STREET	
Title: Name: Address: City-St-Zip:	ST ( HAMPTON, EL 4066 COACHM MILTON, FL 3	IAN RD	Title: Name: Address: City-St-Zip:	HAMPTON, E	(X) Change ()Addition ELIZABETH A ENIDA DE GOLF 32571 US	
Title: Name: Address: City-St-Zip:	MOENY, WILL PO BOX 90894		Title: Name: Address: City-St-Zip:	MOENY, WII PO BOX 908		
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	HAMPTON, C PO BOX 183	()Change(X)Addition IEREMIAH C 865 'Y BEACH, FL 324178365 US	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH A. HAMPTON 01/18/2005 ST