2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002866

FILED Jan 05, 2005 Secretary of State

Entity Name: PLEASANT CITY FAITH-BASED COMMUNITY DEVELOPMENT INITIATIVE, INC.

Current Principal Place of Business: New Principal Place of Business:

1919 SPRUCE AVE 505 20TH STREET

WEST PALM BEACH, FL 33407 SUITE D

WEST PALM BEACH, FL 33407

Current Mailing Address: New Mailing Address:

P.O. BOX 8218

WEST PALM BEACH, FL 33407

FEI Number: 65-1003215 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HORTON, EDWARD C HORTON, EDWARD C 1919 SPRUCE AVENUE 505 20TH STREET

WEST PALM BEACH, FL 33407 US WEST PALM BEACH, FL 33407 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: 01/05/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/V () Delete Title: D/V (X) Change () Addition

 Name:
 HOWE, MICHAEL
 Name:
 HOWE, MICHAEL

 Address:
 1919 SPRUCE AVE
 Address:
 505 20TH STREET

City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: WEST PALM BEACH, FL 33407

Title: D/P () Delete Title: () Change () Addition

 Name:
 HIGHTOWER, RANDY
 Name:

 Address:
 540 CHEERFUL STREET
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33407
 City-St-Zip:

Title: D/S () Delete Title: () Change () Addition

 Name:
 PAINE, SUE ANN
 Name:

 Address:
 777 SOUTH FLAGLER DRIVE, SUITE 140
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33401
 City-St-Zip:

Title: () Delete Title: O () Change (X) Addition

| Name: | Name: HORTON, EDWARD C | Address: | Address: 505 20TH STREET

City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33407 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD C. HORTON O 01/05/2005