2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2005
Secretary of State

DOCUMENT# N01000001404

Entity Name: H.E.R.O. COMMUNITY DEVELOPMENT, INC.

Current Principal Place of Business:

277 KASSIK CIRCLE
ORLANDO, FL 32824

New Principal Place of Business:

Current Mailing Address:

277 KASSIK CIRCLE
ORLANDO, FL 32824

New Mailing Address:

FEI Number: 59-3700727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GAINES, SIBYL L
277 KASSIK CIRCLE
ORLANDO, FL 32824 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: DP ( ) Delete
Name: GAINES, SIBYL L
Address: 277 KASSIK CIRCLE
City-St-Zip: ORLANDO, FL 32824

Title: DT ( ) Delete
Name: GAINES, ANDRE S
Address: 277 KASSIK CIRCLE
City-St-Zip: ORLANDO, FL 32824

Title: DS ( ) Delete
Name: GIANES, ALWYN L
Address: 2050 OLEANDER BLVD BLDG 9 APT 208
City-St-Zip: FT PIERCE, FL 34933

Title: D ( ) Delete
Name: LEWIS, GLORIA H
Address: 1318 W GENESSEE ST
City-St-Zip: FLINT, MI 48504

Title: D ( ) Delete
Name: CRITTENDEN, CELIA T
Address: 513 IPSWICH CT
City-St-Zip: ORLANDO, FL 32824

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 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: ANDRE S GAINES DT 06/29/2005
Electronic Signature of Signing Officer or Director — Date