

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003217

FILED
Apr 23, 2006
Secretary of State

Entity Name: HOUSING PLUS, INC.

Current Principal Place of Business:

390 NW 2ND ST.
MIAMI, FL 33128

New Principal Place of Business:

Current Mailing Address:

1115 VENETIA AVENUE
MIAMI, FL 33134

New Mailing Address:

FEI Number: 31-1781540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WASHINGTON, LYNN C
701 BRICKELL AVE., STE. 2800
MIAMI, FL 33131 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: D () Delete
Name: FINE, CAROL F
Address: 1115 VENETIA AVENUE
City-St-Zip: MIAMI, FL 33134

Title: SD () Delete
Name: SMITH, EMANUEL J
Address: C/O PK TOWERS 390 NW 2ND STREET
City-St-Zip: MIAMI, FL 33128

Title: D () Delete
Name: SMITH, FRANCES
Address: C/O PK TOWERS 390 NW 2ND STREET
City-St-Zip: MIAMI, FL 33128

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL F. FINE

D

04/23/2006

Electronic Signature of Signing Officer or Director

Date