## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED DOCUMENT # N01000004568 06 MAY 15 PM 2: 03 NHDC TEXAS AFFORDABLE HOUSING, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 719 VENUS MARS COURT 10681 FOOTHILL BLVD JACKSONVILLE, FL 32209 STF 220 RANCHO CUCAMONGA, CA 91730 2. Principal Place of Business 3. Mailing Address 9065 Haver Suite, Apt. #, etc. 04202006 Chg-NP CR2E037 (11/05) 100 City & State City & State 4. FEI Number Applied For 59-3728322 MOUNDARA Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 Zip Code FL 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. SD TITLE Delete TITLE ☐ Addition Change PASQUAYE, ROBERT G NAME NAME 10681 FOOTHILL BLVD STE 220 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RANCHO CUCAMONGA, CA 91730 CITY-ST-ZIP **FDD** TITLE ☐ Delete TITLE ☐ Addition BURUM, JEFFREY S NAME NAME STREET ADORESS 10681 FOOTHILL BLVD STE 220 STREET ADDRESS RANCHO CUCAMONGA, CA 91730 CITY-ST-7IP CITY-ST-7IP TITLE TITLE Delete ☐ Change ☐ Addition NAME SUPNET, MARTHA A NAME STREET ADDRESS 10681 FOOTHILL BLVD STE 220 STREET ADDRESS CITY-ST-ZIP RANCHO CUCAMONGA, CA 91730 CITY-ST-ZIP 700075546487 05/31/06--01010--011 \*\*70 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS \*\*700.00 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

MARTHA A. SUPPLET

NTE NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

907) 483-2444