2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

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Entity Name: HANNAH'S HOME OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

P.O. BOX 3254
WEST PALM BEACH, FL 334023254

New Principal Place of Business:

8350 OKEECHOBEE BOULEVARD
WEST PALM BEACH, FL 33411

Current Mailing Address:

P.O. BOX 3254
WEST PALM BEACH, FL 334023254

New Mailing Address:

FEI Number: 33-1026070 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLIGAN, ALPHONSO S ESQ.
2580 METROCENTRE BLVD., STE. 6
WEST PALM BEACH, FL 33407 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: BREWER, SHARON
Address: 1123 CRESTWOOD BLVD.
City-St-Zip: LAKE WORTH, FL 33460

Title: D ( ) Delete
Name: RHODES, MICHAEL D
Address: 3040 E. COMMERCIAL BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: D ( ) Delete
Name: NELMS, DAVID
Address: 8350 OKEECHOBEE BLVD.
City-St-Zip: WEST PALM BEACH, FL 334111912

Title: D ( ) Delete
Name: BERESFORD, PAUL R
Address: 423 TEQUESTA DR.
City-St-Zip: TEQUESTA, FL 33469

Title: D ( ) Delete
Name: MILLIGAN, ANGEL D
Address: P.O. BOX 211796
City-St-Zip: ROYAL PALM BEACH, FL 334211796

Title: D ( ) Delete
Name: MILLIGAN, ALPHONSO S
Address: P.O. BOX 3254
City-St-Zip: WEST PALM BEACH, FL 334023254

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CRIBB, JOAN
Address: 474 SOUTH BEACH ROAD
City-St-Zip: HOBE SOUND, FL 33455

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 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: ALPHONSO S. MILLIGAN PRES 04/30/2007

Electronic Signature of Signing Officer or Director — Date