2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007859

Entity Name: HANNAH'S HOUSE, INC.

FILED Apr 03, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4305 AVE CANNES LUTZ, FL 33558 **Current Mailing Address: New Mailing Address:** 4305 AVE CANNES LUTZ, FL 33558 FEI Number: 30-0132895 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KELLY, DEEDEE 4305 AVE CANNES LUTZ, FL 33558 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete KELLY, DEEDEE Name: Name: 4305 AVE CANNES Address: Address: City-St-Zip: LUTZ, FL 33558 City-St-Zip: Title: Title: () Delete () Change () Addition KELLY, DANIEL B Name: Name: Address: 4305 AVE CANNES Address: City-St-Zip: LUTZ, FL 33558 City-St-Zip: Title: () Delete Title: (X) Change () Addition QUIMBY, PATRICIA H Name: LETZKUS, LINDA Name: 5309 NORTHDALE BLVD Address: Address: P O BOX 2532 City-St-Zip: TAMPA, FL 33624 City-St-Zip: LUTZ, FL 33548 Title: () Delete Title: (X) Change () Addition EATON, JOANN Name: Name: EATON, JOANN 715 CAROLINA AVENUE 6219 SAVANNAH BREEZE CT #205 Address: Address: City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: TAMPA, FL 33625 Title: () Delete Title: () Change () Addition STRELSER, DAVID Name: Name: 5117 STRATTON AVENUE Address: Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: Title: () Delete Title: (X) Change () Addition SANABRIA, RAY YEAGER, ROSEMARY Name: Name: Address: 4425 GOLF CLUB LANE Address: 1735 AUDUBON TRAIL TAMPA, FL 33624 LUTZ, FL 33549 City-St-Zip: 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: DEEDEE KELLY D 04/03/2004

THELMA DANIELS, DIRECTOR 3702 E. PARIS TAMPA, FL 33610