


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

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| DOCUMENT # N02000009912 1. Entity Name HABITAT FOR HUMANITY RESTORE, INC. |  |
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| Principal Place of Business 9350 S DADELAND BLVD, STE 200 MIAMI, FL 33156 | Mailing Address 9350 S DADELAND BLVD, STE 200 MIAMI, FL 33156 |
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DO NOT WRITE IN THIS SPACE

03052004 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 38-3672967 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MANNING, ANNE 9350 S DADELAND BLVD, STE 200 MIAMI, FL 33156 | DO NOT WRITE IN THIS SPACE |
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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 Anne E Manning DATE 3/5/2004

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| Filing Fee is \$61.25 Due by May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000093779 03/22/04-80031-021 70.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BABCOCK, CALVIN 8350 NW 52ND TERRACE, #107 MIAMI, FL 33166 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD SHINDELL, JAMES 200 S. BISCAYNE BLVD., #200 MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST MANNING, ANNE E 9350 S. DADELAND BLVD., #200 MIAMI, FL 33156 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: Anne E Manning DATE 3/5/2004 DAYTIME PHONE # 305-670-2224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR