2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# N03000004115

Entity Name: DELRAY HOUSING GROUP, INC.

Current Principal Place of Business:

770 SW 12 TERRACE
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

770 SW 12 TERRACE
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 03-0526635 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ELLINGTON, DOROTHY
770 SW 12 TERRACE
DELRAY BEACH, FL 33444 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:	ELLINGTON, DOROTHY	
Address:	770 SW 12 TERRACE	
City-St-Zip:	DELRAY BEACH, FL 33444	
Title:	D	( ) Delete
Name:	CARNEY, THOMAS JR	
Address:	811 GEORGE BUSH BLVD	
City-St-Zip:	DELRAY BEACH, FL 33483	
Title:	D	( ) Delete
Name:	ETIENNE, ALFRED	
Address:	757 N STIRLING BRIDGE BLVD	
City-St-Zip:	DELRAY BEACH, FL 33444	
Title:	D	( ) Delete
Name:	GUZZETTA, DAWN	
Address:	2280 QUEEN PALM ROAD	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	D	( ) Delete
Name:	ROSEN, GARY	
Address:	817 NORTHWEST SECOND AVENUE	
City-St-Zip:	DELRAY BEACH,, FL 33444	
Title:	D	( ) Delete
Name:	WEINMAN, MORRIS	
Address:	13850 VIA TIVOLI	
City-St-Zip:	DELRAY BEACH, 33 33446	

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:	
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: DOROTHY ELLINGTON OFF 04/19/2006

Electronic Signature of Signing Officer or Director — Date