2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# N03000007617

Entity Name: HOUSTON SUPPORT SERVICES INC.

Current Principal Place of Business:

4222 RICHMOND AVE.
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

4222 RICHMOND AVE.
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 56-2399515 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOBS, BARBARA
8605 BRIDGEWATER DR.
NEW PORT RICHEY, FL 34655 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:	P	( ) Delete
Name:	JACOBS, BARBARA	
Address:	8605 BRIDGEWATER DR.	
City-St-Zip:	NEW PORT RICHEY, FL 34655 US	
Title:	VP	( ) Delete
Name:	HOUSTON, DENNIS	
Address:	4222 RICHMOND AVE.	
City-St-Zip:	NEW PORT RICHEY, FL 34652	
Title:	S/T	( ) Delete
Name:	LIGERTWOOD, VICKI	
Address:	7021 BOUGENVILLE DR.	
City-St-Zip:	PORT RICHEY, FL 34668	
Title:	D	( ) Delete
Name:	LIGERTWOOD, PAUL	
Address:	7021 BOUGENVILLE DR.	
City-St-Zip:	PORT RICHEY, FL 34668	

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:	

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: BARBARA JACOBS P 04/15/2005

Electronic Signature of Signing Officer or Director — Date