2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400000709

FILED Mar 14, 2007 Secretary of State

Entity Name: DISABILITY HOUSING INTIATIVE OF PALM BEACH, INC.

Current Principal Place of Business: New Principal Place of Business:

4684 DAVIS ROAD LAKE WORTH, FL 33461

Current Mailing Address: New Mailing Address:

4684 DAVIS ROAD LAKE WORTH, FL 33461

FEI Number: 65-1195135 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAYES, CHRIS 4684 DAVIS ROAD LAKE WORTH, FL 33461 US

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:

DPS DPST () Delete (X) Change () Addition HAYES, CHRIS Name: HAYES, CHRIS Name: 4988 S. DAVIS ROAD Address: 4684. DAVIS ROAD Address: City-St-Zip: LAKE WORTH, FL 33461 City-St-Zip: LAKE WORTH, FL 33461

Title: TD () Delete Title: VPD (X) Change () Addition

Name: FIEG, AUDREY Name: STRUWE, DON

Address: APT 202 SOUTHERN CROSS LANE Address: 4688 GREEN TREE PATH
City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete Title: D (X) Change () Addition Name: SULLIVAN, JASON Name: COLLINS, PALMA

Address: 4988 S. DAVIS ROAD Address: 6929 STONEY CREEK CIRCLE City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete Title: D (X) Change () Addition

 Name:
 CHAIRELLA, IRENE
 Name:
 KLIEN, JEFF

 Address:
 4988 S. DAVIS ROAD
 Address:
 1119 HIGH VIEW ROAD

 City-St-Zip:
 LAKE WORTH, FL 33461
 City-St-Zip:
 LANTANA, FL 33462

Title: D () Delete Title: D (X) Change () Addition

 Name:
 SCALF, KELLY
 Name:
 KOSS, SUSAN

 Address:
 4988 S. DAVIS ROAD
 Address:
 4680 DAVIS ROAD

 City-St-Zip:
 LAKE WORTH, FL 33461
 City-St-Zip:
 LAKE WORTH, FL 33461

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 FERNANDEZ, MICHELE

 Address:
 Address:
 4754 FOX HUNT TRAIL

 City-St-Zip:
 City-St-Zip:
 BOCA RATON, FL 33487

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: CHRIS HAYES DPST 03/14/2007

Electronic Signature of Signing Officer or Director

Date