2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003566

Entity Name: FLORIDA HOUSING AUTHORITY INC.

FILED May 23, 2005 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

1313 S MILITARY TR STE 141 DEERFIELD BEACH, FL 33442

Current Mailing Address: New Mailing Address:

1313 S MILITARY TR STE 141 DEERFIELD BEACH, FL 33442

FEI Number: 20-0941027 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

REALTY ASSITANCE CORP.
3907 N. FEDERAL HWY
3907 N. FEDERAL HWY

164 161 POMPANO BEACH, FL 33064 US POMPANO BEACH, FL 33064 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: 05/23/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: RILEY, TERRENCE Name: RILEY, ANDRE

 Address:
 5506 CHATMWOODS CT
 Address:
 3907 N. FEDERAL HWY # 161

 City-St-Zip:
 ORLANDO, FL 33028 OR
 City-St-Zip:
 POMPANO BEACH, FL 33064 US

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

 Name:
 RILEY, TERRENCE
 Name:
 RILEY, TERRENCE

 Address:
 5506 CHATMWOODS CT
 Address:
 5506 CHATMWOODS CT

 City-St-Zip:
 ORLANDO, FL 33028 OR
 City-St-Zip:
 ORLANDO, FL 33028 US

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

 Name:
 RILEY, TERRENCE
 Name:

 Address:
 5506 CHATMWOODS CT
 Address:

 City-St-Zip:
 ORLANDO, FL 33028 OR
 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: ANDRE RILEY D 05/23/2005