2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008082

FILED Sep 02, 2007 Secretary of State

Entity Name: HOUSING ENHANCEMENT FOR LOWER INCOME PEOPLE INC

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

1121 N.W. 182ND STREET 2431 TAYLOR STREET MIAMI,, FL 33169 US MIMS, FL 32754 US

Current Mailing Address: New Mailing Address:

PO BOX 141172 PO BOX 112 ORLANDO, FL 32814 PO BOX 12 MIMS, FL 32754

FEI Number: 14-1915984 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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:

EDWARDS, OTHNIEL A
2454 KATHI KIM ST
COCOA, FL 32926 US

EDWARDS, OTHNIEL A
139 E. HARDING STREET
ORLANDO, FL 32806 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.

City-St-Zip:

SIGNATURE: OTHNIEL A. EDWARDS 09/02/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

MIAMI, FL 32926

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

TITUSVILLE, FL 32780

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

 Name:
 EDWARDS, OTHNIEL A
 Name:
 EDWARDS, OTHNIEL A

 Address:
 2454 KATHI KIM ST
 Address:
 139 E. HARDING STREET

 City-St-Zip:
 COCOA, FL 32926
 City-St-Zip:
 ORLANDO, FL 32806

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

 Name:
 MCDONALD, EVETTE
 Name:
 LAWSON-YOUNG, CHERYL

 Address:
 1121 N.W. 182ND ST
 Address:
 1905 FAIRLANE DRIVE

I hereby certify that the information supplied with this filing does not qualify 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: CHERYL LAWSON-YOUNG P 09/02/2007