2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004398

FILED Feb 10, 2006 Secretary of State

Entity Name: HOMEWISE HOUSING AND DEVELOPMENT CORPORATION

Current Principal Place of Business: New Principal Place of Business: 955 SOUTHWEST BAYA DRIVE LAKE CITY, FL 32025 **Current Mailing Address: New Mailing Address:** 955 SOUTHWEST BAYA DRIVE LAKE CITY, FL 32025 FEI Number: 20-2717761 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. DARBY, MICHAEL M 1840 SW 22ND ST. 955 SW BAYA DRIVE 4TH FLOOR LAKE CITY, FL 32025 US MIAMI, FL 33145 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: MICHAEL M. DARBY 02/10/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DARBY, MICHAEL M. Name: Name: 955 SOUTHWEST BAYA DRIVE Address: Address: City-St-Zip: LAKE CITY, FL 32025 City-St-Zip: Title: () Delete Title: () Change () Addition Name: TOMPKINS, THOMAS C Name: Address: 955 SOUTHWEST BAYA DRIVE Address: City-St-Zip: LAKE CITY, FL 32025 City-St-Zip: Title: () Delete Title: () Change () Addition DOSS, D. TODD Name: Name: 955 SOUTHWEST BAYA DRIVE Address: Address: City-St-Zip: LAKE CITY, FL 32025 City-St-Zip: Title: () Delete Title: () Change () Addition DARBY, DONNA M Name: Name: 955 SOUTHWEST BAYA DRIVE Address: Address: City-St-Zip: LAKE CITY, FL 32025 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: MICHAEL M. DARBY D 02/10/2006