2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005162

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

CLARK, DORRETT

8520 LONG ACRE DR

MIRAMAR, FL 33025

BREVETT, BEVERLY

6141 SW 30 ST APT 6

MIRAMAR, FL 33025

() Delete

7000WENT# 100000003102

FILED Apr 29, 2008 Secretary of State

Entity Name: MAXWELL GROUP HOME, INC. **Current Principal Place of Business: New Principal Place of Business:** 14425 NW 5TH AVE MIAMI, FL 33168 **Current Mailing Address: New Mailing Address:** 14425 NW 5TH AVE MIAMI, FL 33168 FEI Number: 56-2520367 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: CUNNINGHAM, MATTHEW 20040 NW 29TH CT MIAMI GARDENS, FL 33056 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: () Change () Addition () Delete BAKER, JOYCELYN Name: Name: 19320 NW 7TH AVE. Address: Address: City-St-Zip: MIAMI GARDENS, FL 33169 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BROWN, GLENNIS Name: Address: 7500 W. MIRAMAR BOULEVARD Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: Title: () Delete Title: () Change () Addition POWELL, EUDELL Name: Name: 7551 KISMET STREET Address: Address: City-St-Zip: MIRAMAR, FL 33313 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: MATTHEW CUNNINGHAM ACCT 04/29/2008

() Change () Addition