2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006
Secretary of State

DOCUMENT# N05000011352

Entity Name: HUBBARD HOUSE FOUNDATION, INC.

Current Principal Place of Business:

P.O. BOX 4909
JACKSONVILLE, FL 32201

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4909
JACKSONVILLE, FL 32201

New Mailing Address:

FEI Number: 20-3809007 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CURLEY, CHARLES R JR.
1301 RIVERPLACE BOULEVARD
SUITE 1500
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: HURWITZ, ARTHUR
Address: P.O. BOX 4909
City-St-Zip: JACKSONVILLE, FL 32201

Title: D ( ) Delete
Name: TREDINNICK, JOANNE
Address: P.O. BOX 4909
City-St-Zip: JACKSONVILLE, FL 32201

Title: D ( ) Delete
Name: TAYLOR, NANCY
Address: P.O. BOX 4909
City-St-Zip: JACKSONVILLE, FL 32201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DST (X) Change ( ) Addition
Name: HURWITZ, ARTHUR
Address: P.O. BOX 4909
City-St-Zip: JACKSONVILLE, FL 32201

Title: DV (X) Change ( ) Addition
Name: TREDINNICK, JOANNE
Address: P.O. BOX 4909
City-St-Zip: JACKSONVILLE, FL 32201

Title: DP (X) Change ( ) Addition
Name: TAYLOR, NANCY
Address: P.O. BOX 4909
City-St-Zip: JACKSONVILLE, FL 32201

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: ARTHUR HURWITZ DST 03/06/2006

Electronic Signature of Signing Officer or Director — Date