

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90023 021 \*\*\*\*61.25

|  |   |  |   |   |  |
|--|---|--|---|---|--|
| <b>DOCUMENT # N06000001643</b><br>1. Entity Name<br>OUR GROUP HOME, INC.   |   |  |   |   |  |
| Principal Place of Business<br>3745 N.W. 171ST TERR.<br>MIAMI, FL 33055  |   |  | Mailing Address<br>3745 N.W. 171ST TERR.<br>MIAMI, FL 33055 |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.               |   |  |
| City & State   |   |  | City & State  |   |  |
| Zip  |   | Country  |   | Zip   |  |
| Country  |   | Country  |   | 4. FEI Number<br><b>20-4351227</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |   | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |   | \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MACON, LEE</b><br><b>3745 N.W. 171ST TERR.</b><br><b>MIAMI, FL 33055</b>   |   |  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |   |  |   | FL Zip Code   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |  |   |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |   | <b>\$5.00 May Be</b><br><b>Added to Fees</b>  |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>   |   |  |   |   |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PD<br>MACON, LEE<br>3886 N.W. 28TH ST.<br>LAUDERDALE, FL 33311                        |  | <input type="checkbox"/> Delete                             |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VD<br>TOOKES, CORDIE<br>3745 N.W. 171ST TERR.<br>MIAMI, FL 33055                      |  | <input checked="" type="checkbox"/> Delete                  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | SD<br>WALLACE, JOAN<br>230 NE 6TH ST.<br>DEERFIELD BEACH, FL 33441                    |  | <input type="checkbox"/> Delete                             |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TD<br>ROBINSON, JERRY DEAN<br>540 N.W. 4TH AVE., APT. 410<br>FT. LAUDERDALE, FL 33311 |  | <input type="checkbox"/> Delete                             |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |  | <input type="checkbox"/> Delete                             |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |  | <input type="checkbox"/> Delete                             |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |  | <input type="checkbox"/> Delete                             |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |  |   |   |  |
| SIGNATURE: <u>Lee Macan Pres.</u> <span style="float: right;">3/22/07</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |  |   |   |  |

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