
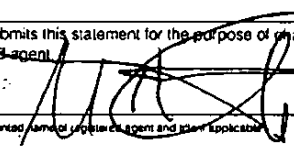
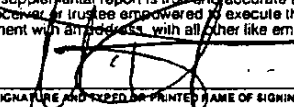


**FILED**  
**Sep 10, 2007 8:00 am**  
**Secretary of State**

08-23-2007 90023 012 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # N06000006610</b>					
1. Entity Name JABEZ HOUSE, INC.					
Principal Place of Business 2193 N 14 AVE HOLLYWOOD, FL 33020			Mailing Address PO BOX 220133 HOLLYWOOD, FL 30133		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5201742 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent GUYTON, MARIKA 2193 N 14 AVE HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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.					
SIGNATURE 		(NOTE: Registered Agent signature required when reappointing)		DATE 8/17/07	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACKSON, MATTIE		NAME		
STREET ADDRESS	8701 17 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33147		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUYTON, KATHLEEN		NAME		
STREET ADDRESS	2193 N 14 AVE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GUYTON, MARIKA		NAME		
STREET ADDRESS	2193 N 14 AVE		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCNEIL, SONYA		NAME		
STREET ADDRESS	3545 W ATLANTIC BLVD #702		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33069		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 				DATE 8/17/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

66021825



08172007 Chg-NP CR2E037 (12/06)