

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

FILED
Feb 26, 2007 8:00 am
Secretary of State

01-26-2007 90031 001 ****61.25

DOCUMENT # N06000009515 1. Entity Name HABITUDE INCORPORATED					
Principal Place of Business 1800 SECOND STREET 918 SARASOTA, FL 34236 US			Mailing Address 1800 SECOND STREET 918 SARASOTA, FL 34236 US		
2. Principal Place of Business - No P.O. Box # 1045 Gulf of Mexico Dr.		3. Mailing Address 1045 Gulf of Mexico Dr.			
Suite, Apt. #, etc. No. 602		Suite, Apt. #, etc. No. 602			
City & State Longboat Key, FL		City & State Longboat Key, FL		4. FEI Number 20-5793595	
Zip 34228		Country US		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent STEVES, DAVID A 1800 SECOND STREET - #918 SARASOTA, FL 34238			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entry 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$81.25 Due by May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Delete Martin A. Hurwitz 1045 Gulf of Mexico Dr., # 602 Longboat Key, FL 34228		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Delete Martin A. Hurwitz 1045 Gulf of Mexico Dr., # 602 Longboat Key, FL 34228		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input type="checkbox"/> Delete Nicole Hurst 1045 Gulf of Mexico Dr., # 602 Longboat Key, FL 34228		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Delete Nicole Hurst 1045 Gulf of Mexico Dr., # 602 Longboat Key, FL 34228		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 empowerments.					
SIGNATURE:					
<div style="display: flex; justify-content: space-between;"> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> 1/24/07 <small>Date</small> <small>Daytime Phone #</small> </div>					