

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008151

FILED
Jan 04, 2008
Secretary of State

Entity Name: THE HOUSE OF EXCELLENCE, INC

Current Principal Place of Business:

3940 DEERTREE HILLS DRIVE
ORANGE PARK, FL 32065

New Principal Place of Business:

Current Mailing Address:

3940 DEERTREE HILLS DRIVE
ORANGE PARK, FL 32065

New Mailing Address:

FEI Number: 77-0694458

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, CHRISTOPER D
3940 DEERTREE HILLS DRIVE
ORANGE PARK, FL 32065 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: P () Delete
Name: WALLACE, CHRISTOPHER D
Address: 3940 DEERTREE HILLS DRIVE
City-St-Zip: ORANGE PARK, FL 32065

Title: V () Delete
Name: WALLACE, KENYA Z
Address: 3940 DEERTREE HILLS DRIVE
City-St-Zip: ORANGE PARK, FL 32065

Title: D () Delete
Name: PATTERSON, LAGINA
Address: 5822 PORT O'MONACO, APT A
City-St-Zip: INDIANAPOLIS, IN 46224

Title: VP () Delete
Name: CAMES, LARRY D DR.
Address: 110 RIVERBEND DR
City-St-Zip: AUGUSTA, GA 30901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: CHRISTOPHER D. WALLACE

P

01/04/2008

Electronic Signature of Signing Officer or Director

Date