2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004956

FILED Feb 17, 2009 Secretary of State

Entity Name: HOUSING OPPORTUNITIES MADE FOR EVERYONE, INC.

Current Principal Place of Business: New Principal Place of Business: 4351 GULF SHORE BLVD NORTH 19N NAPLES, FL 34103 **Current Mailing Address: New Mailing Address:** 4351 GULF SHORE BLVD NORTH 19N NAPLES, FL 34103 FEI Number: 26-2663738 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: R & A AGENTS, INC 850 PARK SHORE DRIVE THIRD FLOOR NAPLES, FL 341033587 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition BUDD, RUSSELL A Name: Name: Address: Address: WALL SYSTEMS, INC., 4395 CORPORATE SQUARE City-St-Zip: City-St-Zip: NAPLES, FL 34104 US Title: Title: () Change (X) Addition () Delete Name: Name: BARLOW, JOHN Address: Address: 4351 GULF SHORE BLVD NORTH 19N City-St-Zip: City-St-Zip: NAPLES, FL 34103 US Title: () Delete Title: () Change (X) Addition GOLIGHTLY, CAROL Name: Name: 4123 WILLOWHEAD WAY Address: Address: City-St-Zip: City-St-Zip: NAPLES, FL 34103 US Title: () Delete Title: DS () Change (X) Addition Name: Name: PETTIT, MICHAEL W ESQ. CHEFFY PASSIDOMO, 821 FIFTH AVE S STE 201 Address: Address: City-St-Zip: City-St-Zip: NAPLES, FL 34102 US Title: () Delete Title: () Change (X) Addition SCHMELZLE, JULIE A Name: Name: 4501 TAMIAMI TRAIL N STE 400 Address: Address: City-St-Zip: City-St-Zip: NAPLES, FL 34103 US Title: () Delete Title: () Change (X) Addition WOLSZON, BETH Name: Name: Address: Address: 1357 SOUTH PLYMOUTH COURT CHICAGO, IL 60605 US City-St-Zip: 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: JOHN BARLOW DVP 02/17/2009