2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23978

Entity Name: CENTERS HOUSING, INC.

FILED Jan 04, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2801 N. 17TH ST. 2801 N. 17TH ST.

C/O LOUIS JONES, P.O.BOX 5746 C/O STEVE LANGFORD, P.O.BOX 5746

TAMPA, FL 336052622 US TAMPA, FL 336052622 US

Current Mailing Address: New Mailing Address:

2801 N. 17TH ST. 2801 N. 17TH ST

C/O LOUIS JONES, P.O. BOX 5746 C/O STEVE LANGFORD, P.O. BOX 5746

TAMPA, FL 336052622 US TAMPA, FL 336052622 US

FEI Number: 59-0638509 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JONES, LOUIS LANGFORD, STEVE 2801 N. 17TH ST 2801 N. 17TH ST TAMPA, FL 33605 TAMPA, FL 33605 US 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: STEVEN LANGFORD 01/04/2005

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition Name:

LOPER, JAMES LOPER, JAMES Name:

15438 N. FLORIDA AVENUE, SUITE 101 Address: 15438 N. FLORIDA AVENUE, SUITE 101 Address: TAMPA, FL 33613 TAMPA, FL 33613

City-St-Zip: City-St-Zip:

Title: PD Title: (X) Change () Addition () Delete

BENNET, TIM Name: NILES, WALTER Name: Address: 13805 LAZY OAK DRIVE Address: 2916 N. JEFFERSON STREET

TAMPA, FL 33602

City-St-Zip: TAMPA, FL 33613 City-St-Zip:

Title: () Delete Title: SD (X) Change () Addition MCGILL, KATIE COOLEY, PATSY Name: Name:

305 S. HYDE PARK AVENUE 18921 CHAVILLE ROAD Address: Address:

City-St-Zip: TAMPA, FL 33606 City-St-Zip: LUTZ. FL 33549

(X) Change () Addition Title: TD () Delete Title: TD Name: NILES, WALTER Name: HARVEY, CHARLES

Address: 2916 N. JEFFERSON ST Address: 3301 BAYSHORE BLVD., UNIT 1002

City-St-Zip: TAMPA, FL 33602 City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEVE LANGFORD CEO 01/04/2005