


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N30674	
1. Entity Name HABITAT FOR HUMANITY OF GREATER MIAMI, INC.	

Principal Place of Business 3800 N.W. 22ND AVENUE MIAMI, FL 33142 US	Mailing Address 3800 NW 22 AVENUE MIAMI, FL 33142
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04162008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0108974	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANNING, ANNE E
 3800 NW 22 AVENUE
 MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000907967
 05/06/08-80004-025 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLARIA, PEDRO 13945 SW 157 STREET MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REYES, DEBORAH 2655 SOUTH LEJEUNE ROAD, PH I-K CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WORLEY, J. H JR. 9500 SOUTH DADELAND BLVD, 2ND FLOOR MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ENGLAND, CHESTER 15300 SW 80 AVENUE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STERNBAUM, MARC J 200 SOUTH BISCAYNE BLVD #2500 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXEC MANNING, ANNE E 3800 NW 22 AVENUE MIAMI, FL 33142

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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: Anne E. Manning Date 4/17/08 Daytime Phone # 305-634-3628

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR