2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31111

Entity Name: F.G.H.A., INC.

FILED Mar 26, 2005 Secretary of State

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

C/O ABE SCHESTOPOL C/O GERRY ROSE

2004 FOREST GLEN COURT 2007 FOREST GLEN COURT TALLAHASSEE, FL 32303 US TALLAHASSEE, FL 32303 US

Current Mailing Address: New Mailing Address:

P O BOX 3848

TALLAHASSEE, FL 32315 US

FEI Number: 59-3129194 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:

SCHESTOPOL, ABE

2004 FOREST GLEN COURT
TALLAHASSEE, FL 32303 US

ROSE, GERRY B TD
2007 FOREST GLEN COURT
TALLAHASSEE, FL 32303 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: GERRY B ROSE 03/26/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 DAVIDSON, JON
 Name:
 JACKSON, GLEN

 Address:
 2015 FOREST GLEN COURT
 Address:
 2011 FOREST GLEN COURT

 City-St-Zip:
 TALLAHASSEE, FL 32303
 City-St-Zip:
 TALLAHASSEE, FL 32303

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

 Name:
 SCHESTOPOL, ABE
 Name:
 ROSE, GERRY

 Address:
 2004 FOREST GLEN CT
 Address:
 2007 FOREST GLEN CT

 City-St-Zip:
 TALLAHASSEE, FL 32303
 City-St-Zip:
 TALLAHASSEE, FL 32303

Title: VD () Delete Title: S (X) Change () Addition

 Name:
 LENCZYK, CAROLYN
 Name:
 BARBER, SARAH

 Address:
 2016 FOREST GLEN CT
 Address:
 2009 FOREST GLEN CT

 City-St-Zip:
 TALLAHASSEE, FL 32303
 City-St-Zip:
 TALLAHASSEE, FL 32303

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

 Name:
 BARBER, SARAH
 Name:

 Address:
 2009 FOREST GLEN CT.
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32303
 City-St-Zip:

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: GERRY B ROSE TD 03/26/2005