


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N39826
 Entity Name
FATHER'S HOUSE, INC.



Principal Place of Business Mailing Address
272 - 189TH TERR **272 - 189TH TERR**
SUNNY ISLES BEACH, FL 33160 US **SUNNY ISLES BEACH, FL 33160 US**

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02052006 No Chg-NP CR2E037 (11/05)

4. FEI Number **59-3026516** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ISRAEL, PETER B
272 - 189TH TERR
SUNNY ISLES BEACH, FL 33160

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6. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ISRAEL, PETER B 272-189TH TERR. SUNNY ISLES BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WYNNE, JOSHUA 272-189TH TERR. SUNNY ISLES BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ISRAEL, SARAH 272-189TH TERR. SUNNY ISLES BEACH, FL 33160
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 03/10/06-80042-013 70.00

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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: *Peter B Israel* 2/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #