2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 29, 2006
Secretary of State

VOID
FILED IN ERROR

DOCUMENT# N51166

Entity Name: DOMESTIC ABUSE SHELTER HOMES, INC.

Current Principal Place of Business:

2400 S. MCCALL RD
SUITE E
ENGLEWOOD, FL 34224

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1484
ENGLEWOOD, FL 34295

New Mailing Address:

FEI Number: 65-0390963 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BRENNEMAN, BETTY L
2400 S. MCCALL RD
ENGLEWOOD, FL 34224 US

Name and Address of New Registered Agent:

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:

Title:	PRES	( ) Delete
Name:	BRENNEMAN, BETTY L	
Address:	9193 SPRINT VALLEY ROAD	
City-St-Zip:	ENGLEWOOD, FL 34224	
Title:	FO	( ) Delete
Name:	GROSS, BARBARA	
Address:	6468 SAFFORD TERRACE	
City-St-Zip:	NORTH PORT, FL 34286	
Title:	SEC	( ) Delete
Name:	WYMAN, JEANNE	
Address:	188 CADDY ROAD	
City-St-Zip:	ROTONDA, FL 33947	
Title:	BOD	( ) Delete
Name:	BRENNER, GARY	
Address:	7094 DATELAND STREET	
City-St-Zip:	ENGLEWOOD, FL 34224	
Title:	DVC	( ) Delete
Name:	THOROMAN, MARY M DET	
Address:	5650 NORTH PORT BLVD.	
City-St-Zip:	NORTH PORT, FL 34287	
Title:	BOD	( ) Delete
Name:	BRENNEMAN, BETTY L	
Address:	9193 SPRING VALLEY ROAD	
City-St-Zip:	ENGLEWOOD, FL 34224	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: BETTY BRENNEMAN PRES 03/29/2006

Electronic Signature of Signing Officer or Director — Date