


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N93000000164	
1. Entity Name THE AGRICULTURAL AND LABOR HOUSING DEVELOPMENT CORPORATION, INC.	

Principal Place of Business 7301 LYNCHBURG ROAD WINTER HAVEN, FL 33885	Mailing Address 7301 LYNCHBURG ROAD WINTER HAVEN, FL 33885
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01102006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3217763	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  JOHNSON, DELORIS 7301 LYNCHBURG ROAD WINTER HAVEN, FL 33885
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<b>DO NOT WRITE IN THIS SPACE</b>
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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, 2006**

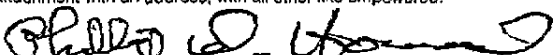
9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

UN00000436007  
02/27/06-80019-007 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HOWARD, PHILLIP 2711 ORCHID DRIVE HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BIRDSOING, NATHANIEL 2417 ROBERTS CIRCLE NE WINTER HAVEN, FL 33882
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOWARD, JOSEPHINE 2711 ORCHID DRIVE HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIGGINS, ARABELL 2303 9TH COURT, NE WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAMBLE, PATRICIA P.O BOX 90942 LAKELAND, FL 33804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-06 863  
422.0875  
Date Daytime Phone #