2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# N93000003665

Entity Name: PHI SIGMA SIGMA NATIONAL HOUSING CORPORATION

Current Principal Place of Business:

8178 LARK BROWN RD
SUITE 202
ELKRIDGE, MD 21075 US

New Principal Place of Business:

Current Mailing Address:

8178 LARK BROWN RD
SUITE 202
ELKRIDGE, MD 21075 US

New Mailing Address:

FEI Number: 65-0434520 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAVADO, DIANNE M MRS
14341 EVELYN DRIVE
PALM BEACH GARDENS, FL 33410 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:	PD	( ) Delete
Name:	SWEENEY, ERIN M MRS.	
Address:	2107 19TH ST, NW	
City-St-Zip:	WASHINGTON, DC 20009 US	
Title:	TD	( ) Delete
Name:	BOONE, MELANIE M MRS.	
Address:	634 KALORAMA RD	
City-St-Zip:	SYKESVILLE, MD 21784 US	
Title:	SC	( ) Delete
Name:	ARDERN, MICHELLE S MRS.	
Address:	8237 BULLNECK RD	
City-St-Zip:	DUNDALK, MD 21222 US	
Title:	ASC	(X) Delete
Name:	WINTERS, TARA E MRS	
Address:	1086 WOODBRIAR	
City-St-Zip:	GRAPEVINE, TX 76051 US	

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:	

I hereby certify that the information supplied with this filing does not qualify 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: MELANIE BOONE TD 01/07/2008

Electronic Signature of Signing Officer or Director — Date