

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005135

FILED
Apr 28, 2006
Secretary of State

Entity Name: THIS HOUSE INC.

Current Principal Place of Business:

504 SEMINOLE ST
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

504 SEMINOLE ST
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 59-3235294

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAUTZ, STEPHEN
233 3RD ST. NORTH
SAFETY HARBOR, FL 34695 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: ED () Delete
Name: KAUTZ, STEPHEN
Address: 233 3RD ST. NORTH
City-St-Zip: SAFETY HARBOR, FL

Title: D () Delete
Name: KAUTZ, PAMELA C.
Address: 233 3RD ST.N.
City-St-Zip: SAFETY HARBOR, FL

Title: BM () Delete
Name: WALLACE, AARON
Address: 324 3RD AVE. NORTH
City-St-Zip: SAFETY HARBOR, FL

Title: BM () Delete
Name: MONTGOMERY, MICHAEL
Address: 1163 DREW STREET
City-St-Zip: CLEARWATER, FL

Title: BM () Delete
Name: GULKIS, DENNIS
Address: 255 2ND AVENUE NORTH
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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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: STEPHEN KAUTZ

ED

04/28/2006

Electronic Signature of Signing Officer or Director

Date