2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# N94000003590

Entity Name: HOMELESS THRIFT MINISTRIES, INC.

Current Principal Place of Business:

2005 NW 4 CT
MIAMI, FL 33127

New Principal Place of Business:

51 N. W. 71STREET
MIAMI, FL 33150

Current Mailing Address:

585 NW 46 ST
MIAMI, FL 33127

New Mailing Address:

2005 N.W. 4TH CT.
MIAMI, FL 33127

FEI Number: 11-3758453 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HAYES, MARVETTE
2005 NW 4 CT
MIAMI, FL 33127 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: P ( ) Delete
Name: HAYES, MARVERTTE
Address: 2005 NW 4 CT
City-St-Zip: MIAMI, FL 33127

Title: ASST ( ) Delete
Name: JOHNSON, WYLENE
Address: 585 NW 46 ST
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete
Name: LEWIS, RICHARD
Address: 2240 NW 52 ST
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete
Name: WILLIAMS, SATARA
Address: 950 NW 75 ST
City-St-Zip: MIAMI, FL 33142

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 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: MARVETTE HAYES P 04/25/2006

Electronic Signature of Signing Officer or Director — Date