## 2006 NOT-FOR-PROFIT CORPORATION

## FILED ANNUAL REPORT May 01, 2006 08:00 A Secretary of State DOCUMENT # N95000001344 H.O.W. COMMUNITY DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 162 SW FIRST AVE. 162 SW FIRST AVE. HOMESTEAD, FL 33030 HOMESTEAD, FL 33030 04282006 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0574978 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DUCENA, MICHELINE DO NOT WRITE 17781 S.W. 113 AVENUE MIAMI, FL 33157 IN THIS SPACE 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) PLATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS 10. MILE DUCENA, MICHELINE STREET ADDRESS 162 SW 1ST AVENUE CITY-ST-71P HOMESTEAD, FL 33030 U00000549448 YOLAINE, NUMA 05/13/06-80018-023 70.00 STREET ADDRESS 12125 SW 187 ST CITY-ST-ZIP MIAMI, FL 33177 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP RILE IN THIS SPACE NAME

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-SI-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR