

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004569

FILED
Mar 08, 2006
Secretary of State

Entity Name: MARY'S HOUSE, INC.

Current Principal Place of Business:

7900 NW 27 AVE.-NORTHSIDE SHOPPING CTR.
149 WEST PLAZA, STE. 232
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

P.O BOX 245954
PEMBROKE PINES, FL 33024

New Mailing Address:

P.O BOX 245158
PEMBROKE PINES, FL 33024

FEI Number: 65-0609094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIVENS, WILLIE MARY
7900 N.W. 27 AVE.-NORTHSIDE SHOPPING CTR.
149 WEST PLAZA-SUITE 240
MIAMI, FL 33147 US

Name and Address of New Registered Agent:

GIVENS, WILLIE MARY
7900 N.W. 27 AVE.-NORTHSIDE SHOPPING CTR.
149 WEST PLAZA-SUITE 232
MIAMI, FL 33147 US

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: _____

03/08/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GIVENS, WILLIE MARY
Address: 1555 SW 109TH AVENUE
City-St-Zip: MIAMI, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GIVENS, WILLIE MARY
Address: 6840 NW 12 AVENUE
City-St-Zip: MIAMI, FL 33150

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: WILLIE MARY GIVENS

PRES

03/08/2006

Electronic Signature of Signing Officer or Director

Date