

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006004

FILED
Feb 06, 2006
Secretary of State

Entity Name: DAVID'S HOUSE, INC.

Current Principal Place of Business:

1900 S. CONGRESS AVE.
W. PALM BEACH, FL 33405

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 17824
W. PALM BEACH, FL 33416

New Mailing Address:

FEI Number: 65-0888861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUMGARNER, TIM REV.
138 WRANGLEWOOD DR.
WELLINGTON, FL 33414 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: BUMGARDNER, TIM
Address: 138 WRANGLEWOOD ST
City-St-Zip: WEST PALM BCH, FL 33414

Title: TD () Delete
Name: FERNANDEZ, FRANK
Address: 1325 NORTH J STREET #6
City-St-Zip: LAKE WORTH, FL 33460

Title: SD (X) Delete
Name: BUMGARDNER, DAVID
Address: 13365 DOUBLETREE CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: OD () Delete
Name: STEWART, JACK C
Address: 15611 72ND DRIVE NORTH
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: TIM BUMGARDNER

PD

02/06/2006

Electronic Signature of Signing Officer or Director

Date