2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: JOYOUG

FILED DOCUMENT # N9900006150 Apr 16, 2007 08:00 All Secretary of State 1. Entity Namo DAYTONA BEACH HOUSING DEVELOPMENT CORPORATION Principal Place of Business Mailing Address 211 N. RIDGEWOOD AVE-211 N. RIDGEWOOD AVE DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-3638116 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo GAMBLE, JOYOURS Street Address (P.O. Box Number is Not Acceptable) 118 CEDAR ST DAYTONA BEACH FL 32114 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE San Halling FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD HILE: Delete THLE ☐ Change NAME GAMBLE, JOYOURS NAME 000000709517 STREET ADDRESS 211 N. RIDGEWOOD AVE, STE 200 STREET ADDRESS CITY-ST-7IP 04/25/07-80006-012 61.25 DAYTONA BEACH FL 32114 CHY-SI-7P TITLE VD Change ☐ De!ele TIFLE Addibon NAMI TURNER, RICHARD NAME STREET ADDRESS 211 N. RIDGEWOOD AVE, STE 200 STREET ADDRESS CITY-SI-ZIP DAYTONA BEACH FL 32114 CITY-ST-ZIP THE ☐ Delcte Addition ☐ Change TITLE NAMI. NAME HEARD, GREGORY A STREET ADDRESS STREET ADDRESS 211 N. RIDGEWOOD AVE, STE 200 City-S1-7IP CITY-ST-7IP DAYTONA BEACH FL 32114-4904 11710 □ Delete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 1011 ☐ Delete IIILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-SI-ZIP CHY-ST-7IP IIIŒ ☐ Dolele TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-7IP I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 impowered.

386-253-93/3