


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90012 029 ****61.25

DOCUMENT # N99000006409	
1. Entity Name COMMUNITY RECONSTRUCTION HOUSING CORPORATION	

Principal Place of Business 3600 INVERRARY DRIVE M1X LAUDERHILL, FL 33319	Mailing Address 3600 INVERRARY DRIVE M1X LAUDERHILL, FL 33319
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94045972



2. Principal Place of Business 8551 NW 49th St	3. Mailing Address 8551 NW 49th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03242004 Chg-NP CR2E037 (10/03)

City & State LAuderhill, Florida	City & State LAuderhill, Florida
Zip 33351	Country USA
Zip 33351	Country USA

4. FEI Number 31-1703246	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GUICE, MATHES 3600 INVERARY DRIVE, MIX LAUDERHILL, FL 33319	
7. Name and Address of New Registered Agent Name mathes Guice Street Address (P.O. Box Number is Not Acceptable) 8551 NW 49th St City LAuderhill FL Zip Code 33351	

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 _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUICE, MATHES 3660 INVERARY DR MIX LAUDERHILL, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD mathes Guice 8551 NW 49th St LAuderhill, FL 33351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GUICE, ANIKA M 5470 NW 88 AVE APT F104 LAUDERHILL, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Anika M. Guice 4187 Lakeside Dr TAMARAC, FL 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUICE, RJA F 3660 INVERRARY DR MIX LAUDERHILL, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Rita F. Guice 8551 NW 49th St LAuderhill, FL 33351 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplement 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: Mathes Guice **Date:** 3/28/04 **Daytime Phone #:** 954-748-0101