2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006409

FILED Aug 07, 2007 Secretary of State

Entity Name: COMMUNITY RECONSTRUCTION HOUSING CORPORATION

Current Principal Place of Business: New Principal Place of Business:

8551 NW 49TH ST. 7840 N.W. 50TH STREET LAUDERHILL, FL 33351 P.H. #3

P.H. #3 LAUDERHILL, FL 33351

Current Mailing Address: New Mailing Address:

8551 NW 49TH ST. 7840 N.W. 50TH STREET P.H. #3

LAUDERHILL, FL 33351 LAUDERHILL, FL 33351

FEI Number: 31-1703246 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GUICE, MATHES GUICE, MATHES

8551 NW 49TH ST. 7840 N.W. 50TH STREET

LAUDERHILL, FL 33351 US P.H. 3#
LAUDERHILL, FL 33351 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: MATHES GUICE 08/07/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change() Addition

 Name:
 GUICE, MATHES
 Name:
 GUICE, MATHES

 Address:
 8551 NW 49TH ST.
 Address:
 7840 N.W. 50TH STREET

 City-St-Zip:
 LAUDERHILL, FL 33351
 City-St-Zip:
 LAUDERHILL, FL 33351

Title: TD () Delete Title: () Change () Addition

 Name:
 GUICE, ANIKA M
 Name:

 Address:
 4187 LAKESIDE DR.
 Address:

 City-St-Zip:
 TAMARAC, FL 33319
 City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition

Name: GUICE, RITA Name: GUICE, RITA

 Address:
 8551 NW 49TH ST.
 Address:
 7840 N.W. 50TH STREET

 City-St-Zip:
 LAUDERHILL, FL 33351
 City-St-Zip:
 LAUDERHILL, FL 33351

I hereby certify that the information supplied with this filing does not qualify 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: MATHES GUICE PD 08/07/2007