2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # P03000150204 1. Entity Name HOUSE OF TRANQUILITY, INC.							05-02-2005 90525 032 ***150.00				
Principal Place of Business Mailing Address									=0		^
4260 NORTH WEST 26TH STREET 4260 NORTH WEST 26TH STI LAUDERHILL, FL 33313 LAUDERHILL, FL 33313					EET		50045769				
			Mailing Address 421 SW 64th TER								
Suite, Apt. #, etc.			421 Sω 64** TEK Suite, Apt. #, etc.				04000005	Cha D	CDOE	24 (+0/02)	
City & Store			City & State	City & State			04282005 4. FEI Numb	Chg-P		034 (10/03)	plied For
City & State MARGATE, FL		MARGATE, FL				42-162	-		·	t Applicable	
Zip 330	68	Country	33048	Cour	SA		5. Certificate	of Status Desi	red 🗌	\$8.75 Add Fee Required	
		and Address of Current Re					7. Name and	d Address of N	ew Registered	Agent	
GARDNER, PAULETTE											
12000 NOF	RTH WES	ST 29TH MANOR			Street Address (P.O. Box Number is Not Acceptable)						
SUNRISE,	FL 3332	3					1				
					City				FL	Zip Code	 3
The above named entity submits this statement for the purpose of changing its registers						register	ed agent, or bo	oth, in the State			and accept
the obligati	ions of regis	tered agent.									
SIGNATURE Signature, typed or printed name of registered agent and talle if applicable. (NOTE: Register						ure required	when reinstating)		DATE		
			9. Election Campa	ion Eina	ocina	25	00 May Be				•
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 5 Fee will be \$550.00	Trust Fund Con				ed to Fees				
10.								LICHANGES TO	OFFICERS AN	D DIDECTOR	2151.44
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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 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 607, 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 AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #