

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000028226

FILED
Apr 26, 2006
Secretary of State

Entity Name: CASTLE HOUSING TRUST, INC.

Current Principal Place of Business:

146 SECOND STREET NORTH
SUITE 310
ST. PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

146 SECOND STREET NORTH
SUITE 310
ST. PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: 20-1088485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANDER, JOHN A
544 PINELLAS BAYWAY
UNIT 203
TIERRA VERDE, FL 33715 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MIKKOLA, MICHEL K
Address: 146 SECOND STREET NORTH, SUITE 310
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: VP () Delete
Name: LANDER, JOHN A
Address: 544 PINELLAS BAYWAY, UNIT 203
City-St-Zip: TIERRA VERDE, FL 33715 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHEL K MIKKOLA

P

04/26/2006

Electronic Signature of Signing Officer or Director

Date