## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000044222

Entity Name: WEST PALM BEACH HOUSING INC.

FILED Oct 09, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

5496 COCONUT BLVD W PALM BEACH, FL 33411

Current Mailing Address: New Mailing Address:

5496 COCONUT BLVD W PALM BEACH, FL 33411

FEI Number: 34-1993715 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CORPORATE CREATIONS NETWORK, INC.

11380 PROSPERITY FARMS ROAD #221E

PALM BEACH GARDENS, FL 33410 US

#116

OCALA FL 34470 US

OCALA,, FL 34470 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: JOHN A PARTICA, PH.D. 10/09/2005

Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title:

D ( ) Delete Title: D/P (X) Change ( ) Addition

 Name:
 SEVERE, MIMOSE
 Name:
 SEVERE, MIMOSE

 Address:
 5496 COCONUT BLVD
 Address:
 5496 COCONUT BLVD

 City-St-Zip:
 W PALM BEACH, FL 33411
 City-St-Zip:
 W PALM BEACH, FL 33411

Title: D ( ) Delete Title: D/VP (X) Change ( ) Addition

 Name:
 SEVERE, CLARENS
 Name:
 SEVERE, CLARENS

 Address:
 5496 COCONUT BLVD
 5496 COCONUT BLVD

 City-St-Zip:
 W PALM BEACH, FL 33411
 City-St-Zip:
 W PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLARENS SEVERE VP/D 10/09/2005