2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006
Secretary of State

DOCUMENT# P05000035339

Entity Name: CHRISTIANS CRUSADING FOR BETTER HOUSING, INC.

Current Principal Place of Business:

1031 IVEA DAIRY ROAD #249
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

20000 N.W. 15TH AVE.
MIAMI, FL 33169

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASON, WILBERT TC
20000 N.W. 15TH AVE.
MIAMI, FL 33169 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: D ( ) Delete
Name: CHATMAN-CASON, GLORIA
Address: 20000 N.W. 15TH AVE.
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete
Name: CASON, WILBERT TC
Address: 20000 N.W. 15TH AVE.
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete
Name: HOPKINS, TIAMARIO
Address: 6940 N.W. 12TH COURT
City-St-Zip: PLANTATION, FL 33313

Title: D ( ) Delete
Name: SMITH, ERICA
Address: 600 N.W. 141 AVE. #306
City-St-Zip: PEMBROKE PINES, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: WILBERT TC CASON D 04/07/2006

Electronic Signature of Signing Officer or Director — Date