2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000102024

Entity Name: RENAISSANCE HOUSING SYSTEMS, INC.

FILED Aug 10, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5505 INTERSTATE NORTH PARKWAY NW ATLANTA, GA 30328 **Current Mailing Address: New Mailing Address:** 5505 INTERSTATE NORTH PARKWAY NW ATLANTA, GA 30328 US FEI Number: 20-5480656 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: CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition Name: HAMMER, JACK T Name: 1900 SUNSET HARBOR DRIVE PENTHOUSE NO. 2 Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 US City-St-Zip: VΡ Title: Title: () Delete (X) Change () Addition Name: OWENS, KEVIN L Name: PONTE PAUL 5505 INTERSTATE NORTH PARKWAY NW 5505 INTERSTATE NORTH PARKWAY NW Address: Address: ATLANTA, GA 30328 US City-St-Zip: City-St-Zip: ATLANTA, GA 30328 US Title: Title: () Delete () Change () Addition OWENS, KEVIN L Name: Name: 5505 INTERSTATE NORTH PARKWAY NW Address Address: City-St-Zip: ATLANTA, GA 30328 US City-St-Zip: Title: () Delete Title: (X) Change () Addition BERESIN, TODD TRIVERS, DOUGLAS C Name: Name: Address: 5505 INTERSTATE NORTH PARKWAY NW Address: 5505 INTERSTATE NORTH PARKWAY NW City-St-Zip: City-St-Zip: ATLANTA, GA 30328 US ATLANTA, GA 30328 US Title: Title: () Delete () Change () Addition HAMMER, JACK T Name: Name: 1900 SUNSET HARBOR DRIVE PENTHOUSE NO. 2 Address: Address:

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

City-St-Zip:

SIGNATURE: DOUGLAS C. TRIVERS T 08/10/2007

City-St-Zip:

MIAMI BEACH, FL 33139 US