2006 FOR PROFIT CORPORATION

Jul 12, 2006 08:00 AM ANNUAL REPORT **Secretary of State** DOCUMENT # P94000000555 1. Entity Name HOUSE ENTERPRISE, INC. Principal Place of Business Mailing Address P.O.BOX 1505 P.O.BOX 1505 #HWY #270 #HWY #270 QUINCY, FL 32351 US QUINCY, FL 32351 110 DO NOT WRITE IN THIS SPACE CR2E034 (11/05) 07102006 No Cha-P 4. FEI Number Applied For 59-3261462 Not Applicable ได้แต่งให้เหมียนให้เหมียนให้เหมียนให้เรื่องให้เรื่องให้เรื่องให้เรื่องให้เรื่องให้เรื่องให้เรื่องให้เรื่องให้เ ได้เล่นเรื่องเล่นสนใจ เหมียนในสามารถให้ เรื่องให้เรื่องให้เรื่องให้เรื่องให้เรื่องให้เรื่องให้เรื่องให้เรื่องใ \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent TRAVIS, ROBERT L JR DO NOT WRITE 2851 MUIRWOOD CT. TALLAHASSEE, FL 32308 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered age (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS TITLE HOUSE, JOHNNIE JR NAME STREET ADDRESS HWY 270 CITY-ST-ZIP GREENSBORO FL 32330 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED