

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000018279

FILED
Apr 20, 2006
Secretary of State

Entity Name: HOUSE POINT CORPORATION

Current Principal Place of Business:

1560 NOCATEE RD.
INTERCESSION CITY, FL 33848

New Principal Place of Business:

Current Mailing Address:

PO BOX 667
INTERCESSION CITY, FL 33848

New Mailing Address:

FEI Number: 65-0899864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AQUILAR, JOSE M
1560 NOCATEE ST
INTERCESSION CITY, FL 33848 US

Name and Address of New Registered Agent:

AQUILAR, JOSE M
1560 NOCATEE ST
INTERCESSION CITY, FL 33848 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: LOURDES Y. AGUILAR

04/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AGUILAR, JOSE M
Address: PO BOX 667
City-St-Zip: INTERCESSION CITY, FL 33848

Title: P () Delete
Name: AGUILAR, JOSE M
Address: 1541 NOCATEE ST
City-St-Zip: INTERCESSION CITY, FL 33848

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: LOURDES Y. AGUILAR

RAS

04/20/2006

Electronic Signature of Signing Officer or Director

Date