


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # V29932
 1. Entity Name
HOUSING CONCEPTS, INC.



Principal Place of Business Mailing Address
 22341 SW 66 AVE 22341 SW 66 AVE
 SUITE 1207 SUITE 1207
 BOCA RATON, FL 33428 US BOCA RATON, FL 33428 US

DO NOT WRITE IN THIS SPACE



04292004 No Chg-P CH2E034 (10/03)

4. FEI Number Applied For
65-0328982 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FRIEDMAN, DAVID
 22341 SW 66 AVE
 SUITE 1207
 BOCA RATON, FL 33428

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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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FRIEDMAN, DAVID
STREET ADDRESS	22341 SW 66 AVE SUITE 1207
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	VP
NAME	DALTON, JOHN W
STREET ADDRESS	22341 SW 66 AVE SUITE 1207
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/04/04-80064-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: *David Friedman* **DAVID FRIEDMAN PRES** 4/22/04 561 715-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #