


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000006098 1. Entity Name THE LIBERIA PRAYER VIGIL, INC.	
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Principal Place of Business 2923 MOUNT SNOW COURT ELLICOTT CITY, MD 21042	Mailing Address 2923 MOUNT SNOW COURT ELLICOTT CITY, MD 21042
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04142004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 75-3080494	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

**BURPHY, COMFORT
6603 CONSTANCE STREET
LAKE WORTH, FL 33467**

**DO NOT WRITE
IN THIS SPACE**

6. 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. **N/A**

SIGNATURE _____ (NOTE: Registered Agent signature required when rechartering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

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

U00000132952
04/27/04-80064-023 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BURPHY, NANCY T 9957 GOOD LUCK ROAD APT. 201 SEABROOK, MD 20706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC DUNBAR, EDWIN SR 5708 CLIFF HAVEN DRIVE DALLAS, TX 75236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EGBUNIWE, F. VIOLA 14 GENTIAN AVENUE PROVIDENCE, RI 02908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARNGA, ISABEL 1340 VINE CURCLE MCDONOUGH, GA 30253
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARHAT, DAVID SR 2923 MOUNT SNOW COURT ELLICOTT CITY, MD 21042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GBLAZEH, OCTAVIA 4107 BRIGGS CHANEY ROAD 20705 BELTVILLE, MD 20706

**DO NOT WRITE
IN THIS SPACE**

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 617, 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: Comfort Burphy **4/23/04** (561) 638 0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **561-809-3434**