


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # F03000006098 1. Entity Name THE LIBERIA PRAYER VIGIL, INC.	
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Principal Place of Business 9957 GOOD LUCK RD SUITE 201 SEABROOK, MD 20706-3271	Mailing Address PO BOX 466 GLENN DALE, MD 20769
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DO NOT WRITE IN THIS SPACE



04182007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent BURPHY, COMFORT 6603 CONSTANCE STREET LAKE WORTH, FL 33467	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000730596 05/08/07-80086-013 61.25
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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 CULBREATH, JOYCE 3914 BRIARHILL DR CHARLOTTE, NC 28215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER-PADMORE, TRYPENUS 1401 NORTHGATE SQ APT 2 RESTON, VA 20190
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKSON, JANICE 2 MARYLAND CIR APT 107 WHITEHALL, PA 18052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC KARPEH, MILDRED 6616 SLATEWOOD RD CHARLOTTE, NC 28212

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 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 Comfort Burphy 4/21/07 561-966-1912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #