


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000007091</b> 1. Entity Name <b>LATTER DAY LEVITE CORPORATION</b>	
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Principal Place of Business <b>5451 N.W. 180TH TERRACE OPA-LOCKA FL 33055</b>	Mailing Address <b>5451 N.W. 180TH TERRACE OPA-LOCKA FL 33055</b>
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2. Principal Place of Business	3. Mailing Address	4. FEI Number
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>NO-T APPLICABLE</b>
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

1st MOORE CR2E037 (10/05)

**6. Name and Address of Current Registered Agent**

**SANDY, SILVA**  
**5451 N.W. 180TH TERRACE**  
**OPA-LOCKA FL 33055**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** Zip Code \_\_\_\_\_

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 reappointing) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	P,D <input type="checkbox"/> Delete
NAME	SANDRA, SILVA
STREET ADDRESS	5451 N.W. 180TH TERRACE
CITY-ST-ZIP	OPA-LOCKA FL 33055
TITLE	VP,D <input type="checkbox"/> Delete
NAME	GLADYS, RIVAS
STREET ADDRESS	5451 N.W. 180TH TERRACE
CITY-ST-ZIP	OPA-LOCKA FL 33055
TITLE	VP,D <input type="checkbox"/> Delete
NAME	DIANA, TORRES
STREET ADDRESS	5451 N.W. 180TH TERRACE
CITY-ST-ZIP	OPA-LOCKA FL 33055
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000520776  
05/02/06-80110-005 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Sandra A. Silva 4/14/06