


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

04-23-2007 90055 019 ****61.25

DOCUMENT # N03000010946			
1. Entity Name LIFECHANGERS BROADCASTING CORP.			
Principal Place of Business 1750 SW 116 AVE DAVIE, FL 3325		Mailing Address 1750 SW 116 AVE DAVIE, FL 3325	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3778788		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 ABRAHAM, KONDOOR 1750 SW 116 AVE DAVIE, FL 3325		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	
FL			
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: <i>Konon Abraham</i>		DATE: <i>4/15/07</i>	
Signature, bold or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when re-registering)	
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	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<i>President</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAHAM, KONDOOR DR	NAME	
STREET ADDRESS	1750 SW 116 AVE	STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 3325	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<i>Secretary</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADHUKAR, JOEL	NAME	
STREET ADDRESS	1750 SW 116 AVE	STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 3325	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<i>Treasurer</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, JOHNSON	NAME	
STREET ADDRESS	1750 SW 116 AVE	STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 3325	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<i>Member</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIERRER, IVORINE	NAME	
STREET ADDRESS	1750 SW 116 AVE	STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 3325	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<i>Member</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jacob Thomas	NAME	
STREET ADDRESS	1750 SW 116 Ave,	STREET ADDRESS	
CITY-ST-ZIP	DAVIE, FL 33325	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 817, 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: <i>Konon Abraham</i>		DATE: <i>4/15/07</i> PHONE: <i>954-242-4633</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	