2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006152

FILED May 01, 2007 Secretary of State

Entity Name: NEIGHBORHOOD IMPROVEMENTS FOR BETTER LIVING CORPORATION

Current F	Principal Place of Business:	New Principal Place	e of Business:
31770 BLUE STAR HWY MIDWAY, FL 32343		23 LONG BRANCH ROAD MIDWAY, FL 32343	
Current N	Nailing Address:	New Mailing Addres	ss:
P O BOX MIDWAY,	765 FL 32343	23 LONG BRANCH F MIDWAY, FL 32343	ROAD
n accordar	r: 20-5174609 FEI Number Applied For() FEI nce with s. 607.193(2)(b), F.S., the corporation did not rece d Address of Current Registered Agent:		Certificate of Status Desired () of New Registered Agent:
MORRIS,			
	BRANCH RD FL 32343 US		
MIDWAY, Γhe above		se of changing its registere	ed office or registered agent, or both,
MIDWAY, Γhe above	FL 32343 US e named entity submits this statement for the purpose of Florida.	se of changing its registere	ed office or registered agent, or both,
MIDWAY, Γhe above n the Stat	FL 32343 US e named entity submits this statement for the purpose of Florida.	se of changing its registere	ed office or registered agent, or both, Date
MIDWAY, The above n the Stat SIGNATU	FL 32343 US e named entity submits this statement for the purpose of Florida. RE:		
MIDWAY, The above n the Stat SIGNATU	FL 32343 US e named entity submits this statement for the purpose of Florida. RE: Electronic Signature of Registered Agent		Date
MIDWAY, The above In the State SIGNATU DFFICER Title: Name: Address:	e named entity submits this statement for the purpose of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: D () Delete BARBER, ELLA 31770 BLUE STAR HWY	ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTORS

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA MORRIS D 05/01/2007