

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

**FILED  
Apr 28, 2004  
Secretary of State**

DOCUMENT# N94000001751

Entity Name: TRIUMPHANT LIVING, INC.

**Current Principal Place of Business:**

236 LEXINGDALE DR  
ORLANDO, FL 32828

**New Principal Place of Business:**

532 S. ECON CIRCLE  
SUITE 100  
OVIDEO, FL 32765

**Current Mailing Address:**

236 LEXINGDALE DR  
ORLANDO, FL 32828

**New Mailing Address:**

FEI Number: 59-3240875      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WRIGHT, WILEY C  
236 LEXINGDALE DR  
ORLANDO, FL 32828

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WRIGHT, WILEY C  
Address: 236 LEXINGDALE DR  
City-St-Zip: ORLANDO, FL 32828

Title: DA ( ) Delete  
Name: WRIGHT, ANTENITA  
Address: 236 LEXINGDALE DR  
City-St-Zip: ORLANDO, FL

Title: VD ( ) Delete  
Name: DAWSON, JOHNNY  
Address: 7306 WHITEWATER DR  
City-St-Zip: ORLANDO, FL 32835

Title: DE ( ) Delete  
Name: DAWSON, TAMMY  
Address: 7306 WHITEWATER DR  
City-St-Zip: ORLANDO, FL

Title: MD ( ) Delete  
Name: MOSS, SAMANTHA  
Address: 12861 WATERHEAVEN CIR  
City-St-Zip: ORLANDO, FL 32828

Title: FO ( ) Delete  
Name: HILL, ANTWANE  
Address: 1917 STOEN ABBEY BLVD  
City-St-Zip: ORLANDO, FL 32825

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WRIGHT, WILEY C.

PD

04/28/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date