


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000001751
 1. Entity Name
 TRIUMPHANT LIVING, INC.



Principal Place of Business
 532 S. ECON CIRCLE
 SUITE 100
 OVIEDO, FL 32765

Mailing Address
 236 LEXINGDALE DR
 ORLANDO, FL 32828

DO NOT WRITE IN THIS SPACE



04252007 No Chg-NP CR2E037 (4/06)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3240875 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

WRIGHT, WILEY C
 236 LEXINGDALE DR
 ORLANDO, FL 32828

DO NOT WRITE IN THIS SPACE

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:  DATE: 4/26/2007

Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WRIGHT, WILEY C 236 LEXINGDALE DR ORLANDO, FL 32828 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DA WRIGHT, ANTENITA 236 LEXINGDALE DR ORLANDO, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DAWSON, JOHNNY 7306 WHITEWATER DR ORLANDO, FL 32835 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DE DAWSON, TAMMY 7306 WHITEWATER DR ORLANDO, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MD MOSS, SAMANTHA 12861 WATERHEAVEN CIR ORLANDO, FL 32828 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | FO HILL, ANTWANE 1917 STOEN ABBEY BLVD ORLANDO, FL 32825 |

DO NOT WRITE IN THIS SPACE

000000747322
 05/17/07-80044-018-61:25

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:  DATE: 4/26/2007 DAYTIME PHONE #: 407-359-1101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR