

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001751

FILED
Apr 30, 2010
Secretary of State

Entity Name: TRIUMPHANT LIVING, INC.

Current Principal Place of Business:

532 S. ECON CIRCLE
SUITE 100
OVIEDO, FL 32765

New Principal Place of Business:

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 US

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
Name: WRIGHT, WILEY C
Address: 236 LEXINGDALE DR
City-St-Zip: ORLANDO, FL 32828

Title: DA
Name: WRIGHT, ANTENITA
Address: 236 LEXINGDALE DR
City-St-Zip: ORLANDO, FL 32828

Title: VD
Name: DAWSON, JOHNNY
Address: 2424 PRARIE VIEW DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: DE
Name: DAWSON, TAMMY
Address: 2424 PRARIE VIEW DR
City-St-Zip: WINTER GARDEN, FL 34787

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

Title: FO
Name: HILL, ANTWANE
Address: 1917 STONE ABBEY BLVD
City-St-Zip: ORLANDO, FL 32828

I hereby 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 all other like empowered.

SIGNATURE: WILEY C. WRIGHT

PD

04/30/2010

Electronic Signature of Signing Officer or Director

Date