

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 03, 2003 8:00 am
Secretary of State

5/5/

05-05-2003 90309 042 ****61.25

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



Principal Place of Business: **236 LEXINGDALE DR ORLANDO FL 32828**
Mailing Address: **236 LEXINGDALE DR ORLANDO FL 32828**

55050474



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: Suite, Apt. #, etc. / City & State / Zip / Country
3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country

4. FEI Number **59-3240875**
Applied For: Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WRIGHT, WILEY C
236 LEXINGDALE DR
ORLANDO FL 32828**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

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: *[Signature]* DATE: **4/30/03**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WRIGHT, WILEY C	
STREET ADDRESS	236 LEXINGDALE DR	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	DA	<input type="checkbox"/> Delete
NAME	WRIGHT, ANTONITA	
STREET ADDRESS	236 LEXINGDALE DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAWSON, JOHNNY	
STREET ADDRESS	7306 WHITEWATER DR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	DE	<input type="checkbox"/> Delete
NAME	DAWSON, TAMMY	
STREET ADDRESS	7306 WHITEWATER DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	* MARKETING DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMANTHA MUSS	
STREET ADDRESS	12861 WATERHENNES CTR.	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	* FINANCE OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTWANE HILL	
STREET ADDRESS	1917 STONE ABBEY BLVD.	
CITY-ST-ZIP	ORLANDO, FL 32825	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: ~~SIGNATURE REQUIRED~~ **4/30/03** **407-282-3310**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)