

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2004
Secretary of State**

DOCUMENT# N97000002359

Entity Name: ECHOES OF THE ANCESTORS, INC.

Current Principal Place of Business:

1661 WOODLAND AVE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

1661 WOODLAND AVE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-3449271 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOSEY, MOLLY F
1661 WOODLAND AVE
WINTER PARK, FL 32789

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: P/D () Delete
Name: SOME, MALIDOMA P
Address: 236 W. EAST AVE., STE. A., PMB 199
City-St-Zip: CHICO, CA 95926

Title: S/D () Delete
Name: LOSEY, MOLLY F
Address: 1661 WOODLAND AVE
City-St-Zip: WINTER PARK, FL 32789

Title: T/D () Delete
Name: BOCKLEY, MARK
Address: 1 LOS PINOS
City-St-Zip: NICASIO, CA 94946

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:

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: MOLLY F. LOSEY

S/D

04/27/2004

Electronic Signature of Signing Officer or Director

Date