

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764882

FILED
Apr 28, 2006
Secretary of State

Entity Name: UNIVERSAL TRUTH CENTER FOR BETTER LIVING, INC.

Current Principal Place of Business:

21310 N.W. 37 AVENUE
CAROL CITY, FL 33056 US

New Principal Place of Business:

21310 N.W. 37 AVENUE
MIAMI GARDENS, FL 33056 US

Current Mailing Address:

21310 N.W. 37 AVENUE
CAROL CITY, FL 33056 US

New Mailing Address:

21310 N.W. 37 AVENUE
MIAMI GARDENS, FL 33056 US

FEI Number: 36-3204162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TUMPKIN, MARY A REV
21310 N.W. 37 AVENUE
MIAMI, FL 33056 US

Name and Address of New Registered Agent:

TUMPKIN, MARY A REV
21310 N.W. 37 AVENUE
MIAMI GARDENS, FL 33056 US

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: MARY A. TUMPKIN

04/28/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PERRYMAN, JAMES
Address: 8694 KIMBLE WAY
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: ROWAN, JAMES
Address: 21310 NW 37 AVE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D () Delete
Name: TOUSSANT, MARIE JO
Address: 21310 NW 37 AVE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: VP () Delete
Name: ARCHABLE, CRYSTAL
Address: 9221 S. CYPRESS CIR.
City-St-Zip: MIRAMAR, FL 33025

Title: P () Delete
Name: SCOTT, MARCIA
Address: 21310 NW 37 AVE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: TD () Delete
Name: NOBLES, RALEIGH JR
Address: 8515 SAWPINE RD
City-St-Zip: DELRAY BEACH, FL 33446

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: VP (X) Change () Addition
Name: WILLIAMS, LEWIS
Address: 21310 NW 37 AVE
City-St-Zip: MIAMI GARDENS, FL 33056

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 Chapter 119, 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: MARCIA SCOTT

P

04/28/2006

Electronic Signature of Signing Officer or Director

Date