

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002907

FILED
Jan 04, 2007
Secretary of State

Entity Name: FLI, INC.

Current Principal Place of Business:

1013 LUCERNE AVENUE
SUITE 1
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

1013 LUCERNE AVENUE
SUITE 1
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 65-0694625 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RUTH HARRIS-SHAW
1013 LUCERNE AVENUE
SUITE 1
LAKE WORTH, FL 33460 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: D () Delete
Name: DELMONTIQUE, ROBERT
Address: 23000 BRIAR STREET
City-St-Zip: WOODLAND HILLS, CA 91367

Title: PD () Delete
Name: RUBIN, MURRAY
Address: 9501 SAHARA AVE #1185
City-St-Zip: LAS VEGAS, NV 89117

Title: D () Delete
Name: GAZZARA, ELKE
Address: 1080 MADISON AVE
City-St-Zip: NEW, NY 10068

Title: ST () Delete
Name: MIRANDA, LORI
Address: 223 SORIANO DRIVE
City-St-Zip: JUPITER, FL 33458

Title: D () Delete
Name: SMITH, LOU
Address: 5225 POOKS HILL ROAD
City-St-Zip: BETHESDA, MD 20814

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RUBIN, MURRAY
Address: 9501 WEST SAHARA AVENUE, #1185
City-St-Zip: LAS VEGAS, NV 89117

Title: ST (X) Change () Addition
Name: MIRANDA, LORI
Address: 223 SORIANO DRIVE
City-St-Zip: JUPITER, FL 33458

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DELMONTIQUE, ROBERT
Address: 23000 BRIAR STREET
City-St-Zip: WOODLAND HILLS, CA 91367

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: LORI MIRANDA

ST

01/04/2007

Electronic Signature of Signing Officer or Director

_____ Date