2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002907

SMITH, LOU

5225 POOKS HILL ROAD

BETHESDA, MD 20814

Name:

Address:

City-St-Zip:

FILED Jul 02, 2008 Secretary of State

			000.000.9 0. 000.0	
Entity Na	me: FLI, INC.			
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	ITRAL TERRACE			
LAKE WO	RTH, FL 33460			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
	TRAL TERRACE PRTH, FL 33460			
	: 65-0694625 FEI Number Applied For () noce with s. 607.193(2)(b), F.S., the corporation did n	FEI Number Not Applicable() ot receive the prior notice.	Certificate of Status Desired ()	
Name and	d Address of Current Registered Agent:	Name and Address o	f New Registered Agent:	
RUTH HARRIS-SHAW 1013 LUCERNE AVENUE SUITE 1		1311 CENTRAL TERF	RUTH HARRIS-SHAW 1311 CENTRAL TERRACE LAKE WORTH, FL 33460 US	
	RTH, FL 33460 US	,		
	e named entity submits this statement for the e of Florida.	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: RUTH HARRIS-SHAW			07/02/2008	
	Electronic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete RUBIN, MURRAY 9501 WEST SAHARA AVENUE, #1185 LAS VEGAS, NV 89117	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () Delete MIRANDA, LORI 223 SORIANO DRIVE JUPITER, FL 33458	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete GAZZARA, ELKE 1080 MADISON AVE NEW, NY 10068	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete DELMONTIQUE, ROBERT 23000 FRIAR STREET WOODLAND HILLS, CA 91367	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: LORI MIRANDA TR 07/02/2008