


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000000950 1. Entity Name OBLATE SHRINES AND RENEWAL CENTERS, INC.	
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Principal Place of Business 391 MICHIGAN AVENUE, N.E. WASHINGTON, DC 20017	Mailing Address 391 MICHIGAN AVE, N.E. WASHINGTON, DC 20017 US
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DO NOT WRITE IN THIS SPACE



02222006 No Chg-NP CR2E037 (11/05)

4. FEI Number 52-2133730	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOUGEN, LOUIS 391 MICHIGAN AVENUE, N.E. WASHINGTON, DC 20017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORALL, J. WILLIAM 391 MICHIGAN AVENUE, N.E. WASHINGTON, DC 20017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HITPAS, JOSEPH 391 MICHIGAN AVENUE, N.E. WASHINGTON, DC 20017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST O'DONNELL, WILLIAM 391 MICHIGAN AVENUE, N.E. WASHINGTON, DC 20017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, WILLIAM 700 NORTH 66TH ST BELLEVILLE, IL 62223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O OVALLE, THOMAS 327 OBLATE DR SAN ANTONIO, TX 78216

U00000490656
04/18/06-80064-024 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 filers empowered.

SIGNATURE: Joseph Hitpas, Inc 3-28-06 202 269-6706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #