

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000048249

FILED
May 01, 2006
Secretary of State

Entity Name: STRENGTH OF LIFE COUNSELING SERVICES, P.L.

Current Principal Place of Business:

11516 OAKHURST RD
LARGO, FL 33774

New Principal Place of Business:

Current Mailing Address:

11516 OAKHURST RD
LARGO, FL 33774

New Mailing Address:

FEI Number: 52-2436058 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BARGER, PAUL G
8901 COMMODORE DR
SEMINOLE, FL 33776 US

Name and Address of New Registered Agent:

BARGER, PAUL G
11516 OAKHURST ROAD
LARGO, FL 33774 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: PAUL G. BARGER

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BARGER, PAUL G
Address: 8901 COMMODORE DRIVE
City-St-Zip: SEMINOLE, FL 33776

Title: MGRM () Delete
Name: BARGER, KIM
Address: 8901 COMMODORE DRIVE
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BARGER, PAUL G
Address: 11516 OAKHURST ROAD
City-St-Zip: LARGO, FL 33774

Title: MGRM (X) Change () Addition
Name: BARGER, KIM
Address: 11516 OAKHURST ROAD
City-St-Zip: LARGO, FL 33774

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KIM A. BARGER

MGR

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date