2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006357

FILED Jul 19, 2006 Secretary of State

Entity Name: CHRISMA NEW HORIZON BOYS HOME, INC.

Current F	Principal Place of Business:	New Principal Place of Business:	
	RENADE CT. NORTH NVILLE, FL 32225		
Current N	Mailing Address:	New Mailing Address:	
	RENADE CT. NORTH NVILLE, FL 32225		
n accordar	r: 59-3761289 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation did d Address of Current Registered Agent:	FEI Number Not Applicable () Certificate of Status De not receive the prior notice. Name and Address of New Registered Age	()
SMITH-M 12739 SE	OBLEY, CYCLYN RENADE CT. NORTH NVILLE, FL 32225 US	, , ,	
	e named entity submits this statement for the le of Florida.	purpose of changing its registered office or registered ago	ent, or both,
SIGNATU	RE:		
SIGNATU	RE: Electronic Signature of Registered A	gent Date	
SIGNATU Officer		pent Date ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR
OFFICER Title: Jame: Address:	Electronic Signature of Registered A		DIRECTOR
DFFICER Title: lame: lddress: City-St-Zip: Title: lame: lddress:	Electronic Signature of Registered A S AND DIRECTORS: PD () Delete SMITH-MOBLEY, CYCLYN 2558 ALDEN TRACE BLVD. W.	ADDITIONS/CHANGES TO OFFICERS AND Title: () Change () Addition Name: Address:	DIRECTOR
DFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	Electronic Signature of Registered A S AND DIRECTORS: PD () Delete SMITH-MOBLEY, CYCLYN 2558 ALDEN TRACE BLVD. W. JACKSONVILLE, FL 32246 VTD () Delete STRACHAN, IDELL A 2558 ALDEN TRACE BLVD. W.	ADDITIONS/CHANGES TO OFFICERS AND Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:	DIRECTOR
	Electronic Signature of Registered A ES AND DIRECTORS: PD () Delete SMITH-MOBLEY, CYCLYN 2558 ALDEN TRACE BLVD. W. JACKSONVILLE, FL 32246 VTD () Delete STRACHAN, IDELL A 2558 ALDEN TRACE BLVD. W. JACKSONVILLE, FL 32246 SD (X) Delete MOBLEY, MATTHEW C 2558 ALDEN TRACE BLVD. W.	ADDITIONS/CHANGES TO OFFICERS AND Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip:	DIRECTOR

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: IDELL A. STRACHAN VTD 07/19/2006