

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006600

FILED
Apr 13, 2005
Secretary of State

Entity Name: LIFTING OUR VALUES, INC.

Current Principal Place of Business:

11696 LAUREL VALLEY CIR
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

11696 LAUREL VALLEY CIR
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 65-1137425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMSTRONG, MICHELLE
11696 LAUREL VALLEY CIR
WELLINGTON, FL 33414 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: ARMSTRONG, MICHELLE
Address: 11696 LAUREL VALLEY CIR
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: ARMSTRONG, STUART
Address: 11696 LAUREL VALLEY CIR
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: BAL, CAROL
Address: 3783 DOGWOOD AVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: BAL, DONALD
Address: 3783 DOGWOOD AVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: BAL, STEVEN
Address: 3 TEAL CT
City-St-Zip: GREENSBORO, NC 27455

Title: D () Delete
Name: BAL, DAVID
Address: 900 N INYO ST
City-St-Zip: RIDGECREST, CA 93555

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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 Section 119.07(3)(i), 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: MICHELLE ARMSTRONG

PRES

04/13/2005

Electronic Signature of Signing Officer or Director

Date