

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000004057

FILED
Jan 13, 2006
Secretary of State

Entity Name: FULL FAITH, INC.

Current Principal Place of Business:

4100 E DIJON DR
ORLANDO, FL 32808

New Principal Place of Business:

Current Mailing Address:

4100 E DIJON DR
ORLANDO, FL 32808

New Mailing Address:

FEI Number: 03-0454254 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WRIGHT, KIMBERLY
4100 E. DIJON DR
ORLANDO, FL 32808 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: KIMBERLY WRIGHT

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WRIGHT, KIMBERLY
Address: 4100 E DIJON DR
City-St-Zip: ORLANDO, FL 32808

Title: V () Delete
Name: EVERSON, JOSEPHINE
Address: 4100 E DIJON DR
City-St-Zip: ORLANDO, FL 32808

Title: T () Delete
Name: WRIGHT, MATALICE
Address: 4100 E DIJON DR
City-St-Zip: ORLANDO, FL 32808

Title: S () Delete
Name: HARPER, SENNIE
Address: 1106 PENN ST
City-St-Zip: LEESBURG, FL 32808

Title: D () Delete
Name: JAMES, LORI
Address: 2806 WOODBRIDGE LN
City-St-Zip: ORLANDO, FL 32808

Title: D () Delete
Name: PIERRE, ANNETTE
Address: 6511 SW 26 ST
City-St-Zip: MIRAMAR, FL 33023

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
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City-St-Zip:

Title: () Change () Addition
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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 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: KIMBERLY WRIGHT

PRES

01/13/2006

Electronic Signature of Signing Officer or Director

Date