2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004057

Entity Name: FULL FAITH, INC.

FILED Aug 03, 2007 Secretary of State

Current Principal Place of Business: 4100 E DIJON DR ORLANDO, FL 32808 Current Mailing Address: 4100 E DIJON DR ORLANDO, FL 32808		New Principal Place of Business:
		152 SAGE CREST DR OCOEE, FL 34760
		New Mailing Address:
		152 SAGE CREST DR OCOEE, FL 34761
n accordan	: 03-0454254 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did I Address of Current Registered Agent:	FEI Number Not Applicable () Certificate of Status Desired () not receive the prior notice. Name and Address of New Registered Agent:
WRIGHT, 4100 E. DI ORLANDO The above	KIMBERLY JON DR D, FL 32808 US named entity submits this statement for the	e purpose of changing its registered office or registered agent, or bot
n the State SIGNATUF	e of Florida. RE:	
Electronic Signature of Registered Agent		Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECT
Title: Name: Address: City-St-Zip:	P () Delete WRIGHT, KIMBERLY 4100 E DIJON DR ORLANDO, FL 32808	Title: MS (X) Change () Addition Name: WRIGHT, KIMBERLY Address: 4100 E DIJON DR City-St-Zip: ORLANDO, FL 32808
Title: Name: Address: City-St-Zip:	V () Delete EVERSON, JOSEPHINE 4100 E DIJON DR ORLANDO, FL 32808	Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip:	T () Delete WRIGHT, MATALICE 4100 E DIJON DR ORLANDO, FL 32808	Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip:	S () Delete HARPER, SENNIE 1106 PENN ST LEESBURG, FL 32808	Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip:	D () Delete JAMES, LORI 2806 WOODBRIDGE LN ORLANDO, FL 32808	Title: () Change () Addition Name: Address: City-St-Zip:
Title:	D () Delete PIERRE, ANNETTE	Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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 08/03/2007