

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 10, 2005 8:00 am
Secretary of State**

01-10-2005 90012 049 ****70.00

DOCUMENT # N02000006237

1. Entity Name
ST. PAUL DE LA CROIX, INC.



Principal Place of Business
8237 GRANADA BLVD.
ORLANDO, FL 32836

Mailing Address
2660 BROOK HOLLOW DR.
SAN JOSE, CA 95132

2. Principal Place of Business
1600 LAKESIDE DR

Suite, Apt. #, etc.

3. Mailing Address
1600 LAKESIDE DR

Suite, Apt. #, etc.

City & State
ORLANDO FLORIDA

City & State
ORLANDO FLORIDA

Zip
32803

Zip
32803

Country

6. Name and Address of Current Registered Agent

LUU, THERESA S
8237 GRANADA BLVD.
ORLANDO, FL 32836

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Theresa Sang Luu

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1.5.2005

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME FOALE, JEFFERIES J
STREET ADDRESS ST PAUL RETREAT, 15 CROSS RD.
CITY-ST-ZIP GLEN OSMOND, AUTSTRALIA, 5064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **TSD** Delete
NAME LUU, THERESA SANG
STREET ADDRESS 8237 GRANADA BLVD.
CITY-ST-ZIP ORLANDO, FL 32836

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **D** Delete
NAME GRIMES, JORDAN K
STREET ADDRESS 1600 LAKESIDE DR.
CITY-ST-ZIP ORLANDO, FL 32803

TITLE **SD** Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **VPD** Delete
NAME COEN, ALPHONIUS
STREET ADDRESS ST. MARY MUR 1 PIONEER PLACE
CITY-ST-ZIP ELMHURST, PA 18416

TITLE **D** Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE **SD** Delete
NAME SCHORK, JOHN
STREET ADDRESS 5700 NORTH HARLEM AVE.
CITY-ST-ZIP CHICAGO, IL 60631

TITLE **VPD** Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Theresa Sang Luu*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-2005

Date

Daytime Phone #