2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# N02000006290

Entity Name: LIVING WATERS RENAISSANCE, INC.

Current Principal Place of Business:

1553 BRIDGEWOOD DRIVE
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

1553 BRIDGEWOOD DRIVE
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 45-0503797 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELLIOTT, SONIA B DR.
1553 BRIDGEWOOD DRIVE
BOCA RATON, FL 33434

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: ELLIOTT, SONIA B DR.
Address: 1553 BRIDGEWOOD DRIVE
City-St-Zip: BOCA RATON, FL 33434

Title: D ( ) Delete
Name: VEGODA, DEVARAN
Address: 10807 W. CLARIMONT CIRLCE
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete
Name: ALLEN, DEBRA
Address: 890 N.W. 168TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: ELLIOTT, SONIA B DR.
Address: 1553 BRIDGEWOOD DRIVE
City-St-Zip: BOCA RATON, FL 33434

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

Title: DR. (X) Change ( ) Addition
Name: ALLEN, DEBRA
Address: 890 N.W. 168TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

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: SONIA ELLIOTT DR. 04/27/2004

Electronic Signature of Signing Officer or Director — Date