

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006
Secretary of State

DOCUMENT# N03000000060

Entity Name: L'AMOUR PARFAIT MINISTRIES, INC.

Current Principal Place of Business:

334 S WYMORE ROAD #103
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

4327 OAK TERRACE DRIVE
GREENACRES, FL 33463

Current Mailing Address:

P.O. BOX 162835
ALTAMONTE SPRINGS, FL 32716

New Mailing Address:

4327 OAK TERRACE DRIVE
GREENACRES, FL 33463

FEI Number: 42-1579388 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:

AUGUSTIN, TAMARA
334 S WYMORE RD.
#103
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

AUGUSTIN, TAMARA
4327 OAK TERRACE DRIVE
GREENACRES, FL 33463 US

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: _____

05/04/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AUGUSTIN, TAMARA
Address: 334 S WYMORE ROAD #103
City-St-Zip: ALTAMONTE SPRGS, FL 32714

Title: D () Delete
Name: ATTENTIO, MATHILDE
Address: 1100 7TH ST.
City-St-Zip: LAKE PARK, FL 33403

Title: D () Delete
Name: CLERVOIS, GEORGETTE
Address: 625 NW 210 ST #202
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: ERASE, FARILE
Address: 7500 ORLEANS ST
City-St-Zip: MIRAMAR, FL 33023

Title: DT () Delete
Name: AUGUSTIN, MARIE G
Address: 5448 EDGERTON AVE.
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AUGUSTIN, TAMARA
Address: 4327 OAK TERRACE DRIVE
City-St-Zip: GREENACRES, FL 33463

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 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: TAMARA AUGUSTIN

P

05/04/2006

Electronic Signature of Signing Officer or Director

Date