

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002084

FILED
Apr 07, 2006
Secretary of State

Entity Name: BABIES CENTER FOR LIFE, INC.

Current Principal Place of Business:

11551 NW 43RD CT
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 772324
CORAL SPRINGS, FL 33077

New Mailing Address:

FEI Number: 59-0116747 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOMINIQUE, AGLANTA
P.O. BOX 772324
COAL SPRINGS, FL 33065 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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DOMINIQUE, AGLANTA
Address: P.O. BOX 772324
City-St-Zip: CORAL SPRINGS, FL 33065

Title: STD () Delete
Name: DEZULME, LAURINCIA
Address: P.O. BOX 772324
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: BAILEY, DEBORAH
Address: P.O. BOX 772324
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: GURWICH, ARLENE
Address: P.O. BOX 772324
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: RYMER, APRIL
Address: P.O. BOX 772324
City-St-Zip: CORAL SPRINGS, FL 33065

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
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: AGLANTA DOMINIQUE

PD

04/07/2006

Electronic Signature of Signing Officer or Director

_____ Date