2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007
Secretary of State

DOCUMENT# N03000002949

Entity Name: BREATH OF LIFE OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

600 RIVER BIRCH COURT, #714
CLERMONT, FL 34711

New Principal Place of Business:

838 DESOTO ST.
CLERMONT, FL 34711

Current Mailing Address:

P.O. BOX 136282
CLERMONT, FL 34713

New Mailing Address:

FEI Number: 75-3102216 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MOORE-ELERBE, ACQUANETTA
600 RIVER BIRCH COURT, #714
CLERMONT, FL 34711 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: MOORE-ELERBE, ACQUANETTA
Address: 600 RIVER BIRCH COURT, #714
City-St-Zip: CLERMONT, FL 34711

Title: VD ( ) Delete
Name: ALSTON, DORIS
Address: 10 CAMBRIDGE COURT
City-St-Zip: MT. HOLLY, NJ 08060

Title: TD ( ) Delete
Name: ALLGOOD, GALE
Address: 4327 S. HIGHWAY 27, #143
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MOORE-ELERBE, ACQUANETTA
Address: 838 DESOTO ST.
City-St-Zip: CLERMONT, FL 34711

Title: V (X) Change ( ) Addition
Name: ALSTON, DORIS
Address: 10 CAMBRIDGE COURT
City-St-Zip: MT. HOLLY, NJ 08060

Title: T (X) Change ( ) Addition
Name: ALLGOOD, GALE
Address: 4327 S. HIGHWAY 27, #143
City-St-Zip: CLERMONT, FL 34711

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: ACQUANETTA MOORE-ELERBE P 02/06/2007

Electronic Signature of Signing Officer or Director — Date