


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000009850</b> 1. Entity Name <b>LILY OF THE VALLEY, CHURCH OF THE LIVING GOD INTERNATIONAL INC</b>	
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Principal Place of Business <b>5508 N. 50TH STREET SUITE 7 TAMPA FL 33610</b>	Mailing Address <b>5508 N. 50TH STREET SUITE 7 TAMPA FL 33610</b>
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2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>14-1894279</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip	Country	Zip
Country	Country	Country

1st MOORE CR2E037 (10/05)

<b>6. Name and Address of Current Registered Agent</b>  <b>KNOX, VIRGIA L 3626 CORDGRASS DRIVE VALRICO FL 33594</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input type="checkbox"/> Delete <b>SEWELL, TONY A</b> <b>10902 SAILBROOKE DRIVE</b> <b>RIVERVIEW FL 33569</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete <b>SEWELL, DEBORAH G</b> <b>10902 SAILBROOKE DRIVE</b> <b>RIVERVIEW FL 33569</b>
TITLE	<b>SEC</b> <input type="checkbox"/> Delete <b>KNOX, VIRGIA L</b> <b>3626 CORDGRASS DRIVE</b> <b>VALRICO FL 33594</b>
TITLE	<input type="checkbox"/> Delete _____ _____ _____
TITLE	<input type="checkbox"/> Delete _____ _____ _____
TITLE	<input type="checkbox"/> Delete _____ _____ _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000000567701</b> <b>06/28/06-80002-006 61.25</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____ _____ _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Virginia Knox*