
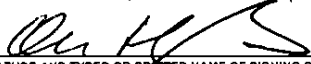


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90075 022 \*\*\*\*61.25

<b>DOCUMENT # N03843</b>					
1. Entity Name PREGNANCY RESOURCES, INC.					
Principal Place of Business 2225 S BABCOCK ST MELBOURNE, FL 32901			Mailing Address 2225 S BABCOCK ST MELBOURNE, FL 32901		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2542341	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MINOT, MICHAEL ESQ 319 RIVERIDGE BLVD STE 218 COCOA, FL 32922			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD - Vice President / Director	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALDRIDGE, FELICIA		NAME	Viola Morris	
STREET ADDRESS	2694 TUSCARORA CT		STREET ADDRESS	273 Sandy Run	
CITY-ST-ZIP	WEST MELBOURNE, FL 32904		CITY-ST-ZIP	Melbourne, FL 32940	
TITLE	SD Secretary / Director	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ODOM, MARY		NAME	Mary Odom	
STREET ADDRESS	4213 CHELAN DR.		STREET ADDRESS	4213 Chelan Dr	
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP	Melbourne FL 32934	
TITLE	TD Treasurer / Director	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOCK, DON		NAME	John Welch	
STREET ADDRESS	836 SERENADE ST NW		STREET ADDRESS	2571 Oklahoma St	
CITY-ST-ZIP	PALM BAY, FL 32907		CITY-ST-ZIP	Melbourne FL 32904	
TITLE	M Managing Director	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEST, THOMAS		NAME	Owen Hughes	
STREET ADDRESS	1081 HOYT CT NE		STREET ADDRESS	2031 Sierra St.	
CITY-ST-ZIP	PALM BAY, FL 32907		CITY-ST-ZIP	Melbourne FL 32935	
TITLE	PD President Director	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALL, LESTER		NAME		
STREET ADDRESS	50 CAMELIA AVE		STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH, FL 32937		CITY-ST-ZIP		
TITLE	D Director	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, LINDA		NAME	Linda Evans	
STREET ADDRESS	3175 KNIGHT OAK CT		STREET ADDRESS	3175 Knight Oak Ct	
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP	Melbourne, FL 32934	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			3/14/07		321-698-9198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #