
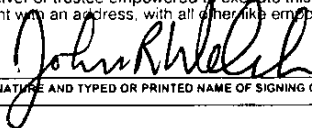


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90184 031 \*\*\*\*61.25

DOCUMENT # N03843					
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"/> \$8.75 Additional Fee Required	
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
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>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	PD <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORRIS, VIOLA	NAME	Morris, Viola		
STREET ADDRESS	273 SANDY RUN	STREET ADDRESS	273 Sandy Run		
CITY-ST-ZIP	MELBOURNE, FL 32940	CITY-ST-ZIP	Melbourne FL 32940		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE			
NAME	ODOM, MARY	NAME			
STREET ADDRESS	4213 CHELAN DR.	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32934	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE			
NAME	WELCH, JOHN	NAME			
STREET ADDRESS	2571 OKLAHOMA ST	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32904	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUGHES, OWEN	NAME	Hughes, Owen		
STREET ADDRESS	2031 SIERRA ST	STREET ADDRESS	2031 Sierra St		
CITY-ST-ZIP	MELBOURNE, FL 32935	CITY-ST-ZIP	Melbourne FL 32935		
TITLE	SD <input type="checkbox"/> Delete	TITLE			
NAME	EVAS, LINDA	NAME			
STREET ADDRESS	3175 KNIGHT OAK CT	STREET ADDRESS			
CITY-ST-ZIP	MELBOURNE, FL 32934	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	Kennedy, Eliza beth		
STREET ADDRESS		STREET ADDRESS	5402 Emma Lake Court		
CITY-ST-ZIP		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: 		2/26/08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	