2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# N04000000695

Entity Name: SOCIAL REANIMATION CORPORATION

Current Principal Place of Business:

2921 NORTHWEST 179TH STREET
MIAMI, FL 330563526

New Principal Place of Business:

Current Mailing Address:

2921 NORTHWEST 179TH STREET
MIAMI, FL 330563526

New Mailing Address:

19030 SW 10TH STREET
PEMBROKE PINES, FL 33029

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

Name and Address of Current Registered Agent:

WILLIAMS, LYNN A
19030 SOUTHWEST 10TH STREET
PEMBROKE PINES, FL 33029 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: P ( ) Delete
Name: WILLIAMS, LYNN A
Address: 19030 SW 10TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: T ( ) Delete
Name: WILLIAMS, SHEILA E
Address: 19030 SW 10TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: S ( ) Delete
Name: STROZIER, ARTAVIA E
Address: 902 FOREST POINTE WAY
City-St-Zip: JONESBORO, GA 30238

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LYNN A WILLIAMS P 04/30/2005

Electronic Signature of Signing Officer or Director — Date