

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002866

FILED
May 13, 2006
Secretary of State

Entity Name: BE IN WHOLENESS, INC.

Current Principal Place of Business:

2519 RIVERVIEW DRIVE
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

2519 RIVERVIEW DRIVE
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 04-3787833 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TOWNSEND, JR, SAMUEL W
2519 RIVERVIEW DRIVE
MELBOURNE, FL 32901 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: PSD () Delete
Name: TOWNSEND, JR., SAMUEL W
Address: 2519 RIVERVIEW DRIVE
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: TOWNSEND, T. KIM
Address: 376 MITNIK DRIVE
City-St-Zip: DELTONA, FL 32738

Title: D () Delete
Name: GRADY, JR, JOHN F
Address: 2701 MAITLAND CNTR. PKWY-STE 300A
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: BOTHA, REINIER G
Address: 915 LAREEDO PLAZA
City-St-Zip: DALLAS, TX 75211

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:

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 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: SAMUEL W. TOWNSEND, JR.

PSD

05/13/2006

Electronic Signature of Signing Officer or Director

Date