2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400006865

FILED Apr 03, 2006 Secretary of State

Entity Name: FAITHFUL FAMILIES, INC.							
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:			
2603 SW E LAKE CITY	BRIM STREET /, FL 32024						
Current M	ailing Addres	s:	New Maili	New Mailing Address:			
P.O. BOX T	7391 /, FL 32055			2603 SW BRIM STREET LAKE CITY, FL 32024			
FEI Number:	20-1315549	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired	d()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
P.O. BOX	′, BRYAN B JR 7391 ′, FL 32055	US	2603 SW E	MORROW, BRYAN B JR 2603 SW BRIM STREET LAKE CITY, FL 32024 US			
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered o	office or registered agent,	or both,	
SIGNATUR	RE:			04/03/2006			
	Electron	c Signature of Registered Age	ent		Date		
OFFICERS	S AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PRES () MORROW, BRY 2603 SW BRIM LAKE CITY, FL	STREET	Title: Name: Address: City-St-Zip:	()) Change ()Addition		
Title: Name: Address: City-St-Zip:	SEC () HESTON, RICHA 1017 HIGHWAY LAKE CITY, FL	47	Title: Name: Address: City-St-Zip:	D (X HESTON, RICH 1017 HIGHWA' LAKE CITY, FL	Y 47		
Title: Name: Address: City-St-Zip:	TREA () MORROW, KAR 2603 SW BRIM LAKE CITY, FL	STREET	Title: Name: Address: City-St-Zip:) Change ()Addition		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	SEC () GOODMAN, IC 20221 CO ROA FOLEY, AL 36	AD 24		

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: BRYAN B. MORROW, JR. **PRES** 04/03/2006