

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007546

FILED
Apr 29, 2005
Secretary of State

Entity Name: EDUCATION FOR LIFE PROJECT, INC.

Current Principal Place of Business:

13921 NW 19TH STREET
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

13921 NW 19TH STREET
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 54-2160134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALEBRANCHE, ERVE
13921 NW 19TH STREET
PEMBROKE PINES, FL 33028 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR () Change (X) Addition
Name: MALEBRANCHE, ERVE
Address: 13921 NW 19TH ST
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MRS () Change (X) Addition
Name: GOHO, JOHANNE
Address: 910 NE 159TH ST
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MR () Change (X) Addition
Name: GOHO, CELESTIN
Address: 910 NE 159TH ST
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: MRS () Change (X) Addition
Name: PAINSON, CLAUDELLE
Address: 11930 SW 137 TER.
City-St-Zip: MIAMI, FL 33186

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: ERVE MALEBRANCHE

MR.

04/29/2005

Electronic Signature of Signing Officer or Director

Date