2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006
Secretary of State

DOCUMENT# N04000008210

Entity Name: SACRED JOY INC

Current Principal Place of Business:

C/O KRISAN LAMBERTI
2330 SW 27 TERR
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

C/O KRISAN LAMBERTI
2330 SW 27 TERR
MIAMI, FL 33133

New Mailing Address:

FEI Number: 20-3090191 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PADGETT BUSINESS SERVICES
420 S. DIXIE HWY
2B
CORAL GABLES, FL 33146 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: DIR ( ) Delete
Name: DINNAN, KOKIE
Address: 309 SE 34TH AVE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: DIR ( ) Delete
Name: GILL, REV'D CYNTHIA E M. DIV
Address: 704 NE 15TH AVE
City-St-Zip: FT LAUDERDALE, FL 33304

Title: DIR ( ) Delete
Name: LAMBERTI, KRISAN
Address: 2330 SW 27TH TERR
City-St-Zip: FLORIDA, FL 33133

Title: DIR ( ) Delete
Name: TOPI, MICHELLE M M. DIV
Address: 2521 SW 11 ST
City-St-Zip: BOYNTON BEACH, FL 33426

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: MICHELLE M. TOPI DIR 03/08/2006

Electronic Signature of Signing Officer or Director — Date