2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003676

FILED Mar 02, 2008 Secretary of State

Entity Name: LIVING THE LIFE MINISTRIES INC.

Name and Address of Current Registered Agent: QUINN, FRANKIE B 1216 SHARAZAD BLVD. OPA LOCKA, FL 33054 US The above named entity submits this statement for the purpose of changing its registered office or register in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date	Littly Nai	ille. LIVIING I	FIL LIFE WIINISTRIES, INC.				
Current Mailing Address: New Mailing Address: 1216 SHARAZAD BLVD. OPA LOCKA, FL 33054 FEI Number: 30-0311396 FEI Number Applied For () FEI Number Not Applicable () Certificate of St Name and Address of Current Registered Agent: Name and Address of New Registered QUINN, FRANKIE B 1216 SHARAZAD BLVD. OPA LOCKA, FL 33054 US The above named entity submits this statement for the purpose of changing its registered office or register in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS Title: DP () Delete Name: QUINN, FRANKIE B Address: () Change () Addit Name: Address: () Change () Addit Name: LEWIS-QUIN, FAYEY Name: GILBERT, TAMARA S Address: 1551 NE 157TH ST. City-St-Zip: NORTH MIAMI, FL 33162 Title: DMD () Delete Name: GILBERT, TAMARA S Address: 1551 NE 157TH ST. City-St-Zip: NORTH MIAMI, FL 33162 Title: DMD () Delete Name: QUINN, CLINTON 12AILE Address: Address: Address: City-St-Zip: NoRTH MIAMI, FL 33162	Current Principal Place of Business:			New Principal Place of Business:			
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I hereby certify that the information supplied with this filing does not qualify 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: FRANKIE B QUINN DP 03/02/2008