2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004838

Entity Name: FAMILY LIFE CENTER, INC.

FILED Jan 31, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7205 SW 125 AVE MIAMI, FL 33183

Current Mailing Address: New Mailing Address:

7205 SW 125 AVE MIAMI, FL 33183

FEI Number: 20-2991706 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CONTRERAS, GIL MARTINEZ, ESPERANZA
10670 SW 156TH PLACE 15659 SW 73 CIRCLE TERRACE
MIAMI, FL 33196 US 511

MIAMI, FL 33193 US

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: ESPERANZA MARTINEZ 01/31/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 DUGAND, JOSE V
 Name:
 CASTRO, EDWIN L

 Address:
 11331 SW 152ND COURT
 Address:
 4868 NW 108 COURT

 City-St-Zip:
 MIAMI, FL 33196
 City-St-Zip:
 DORAL, FL 33178

Title: V () Delete Title: D (X) Change () Addition

 Name:
 RIVERA, JOSE A
 Name:
 LOPEZ, ANGELA

 Address:
 15868 SW 139TH STREET
 Address:
 6142 NW 115TH PLACE #313

Address: 15868 SW 1391H STREET Address: 6142 NW 1151H PLACE #313 City-St-Zip: MIAMI, FL 33196 City-St-Zip: DORAL, FL 33178

Title: T () Delete Title: D (X) Change () Addition Name: STAPEL, GERALD Name: STAPEL, GERALD

Address: 16473 SW 99TH STREET Address: 16473 SW 99TH STREET

City-St-Zip: MIAMI, FL 33196 City-St-Zip: MIAMI, FL 33196

 Title:
 S
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 QUINTANA, MAURICIO
 Name:
 MARTINEZ, ESPERANZA

 Address:
 9878 HAMMOCKS BLVD
 Address:
 15659 SW 73 CIRCLE TERRACE

City-St-Zip: MIAMI, FL 33196 City-St-Zip: MIAMI, FL 33193

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: ESPERANZA MARTINEZ D 01/31/2007