

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005400

FILED  
Apr 19, 2006  
Secretary of State

**Entity Name:** LIFE RESOURCE CENTER OF SOUTH FLORIDA INC.

**Current Principal Place of Business:**

14331 SW 72ND STREET  
PEMBROKE PINES, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

14331 SW 72ND STREET  
PEMBROKE PINES, FL 33330

**New Mailing Address:**

PO BOX 820085  
SOUTH FLORIDA, FL 33082

**FEI Number:** 20-2926744

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEGAL ZOOM NEVADA, INC.  
44 W FLAGLER ST SUITE 675  
MIAMI, FL 33130 US

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

ALBIN, KENNETH S PRES  
15997 WW 14TH STRET  
PEMRBOKE PINES, FL 33027 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: KENNETH S. ALBIN

04/19/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ALBIN, KENNETH  
Address: 15997 SW 14TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D ( ) Delete  
Name: DANIEL, LINDA  
Address: 1149 NW 122ND TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D ( ) Delete  
Name: OGBOURNE, CLOVIS  
Address: 7376 OAKLAND HILLS DRIVE  
City-St-Zip: HIALEAH, FL 33015

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: OGBOURNE, CLOVIS  
Address: 11651 SW 26TH STREET  
City-St-Zip: DAVIE, FL 33330

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: KENNETH S. ALBIN

D/P

04/19/2006

Electronic Signature of Signing Officer or Director

Date