2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 11, 2007 8:00 am Secretary of State DOCUMENT # N06000002129 1. Entity Name 04-11-2007 90018 026 ****61.25 SPIRITED LAY ACTION MOVEMENT, INC. Principal Place of Business Mailing Address 7380 SW 166TH ST 7380 SW 166TH ST PALMETTO BAY FL 33157 PALMETTO BAY FL 33157 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAIRD, STEVEN K Street Address (P.O. Box Number is Not Acceptable) 5981 NE SIXTH AVE **MIAMI FL 33137** Zip Code City 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. THE ☐ Delete 11111 Change ☐ Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST-7IP HHE ☐ Delete ☐ Change THE Addition NAME NAM STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY ST ZIP ☐ Delete DBI ☐ Change [Addition STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST-ZIP Talli ☐ Defete Change Addition NAME NAM STREET ADDRESS STREEL ADDRESS CITY ST-ZIP CHY ST ZIP 1011 Delete 11111 ☐ Change ■ Addition NAME. NAMI STREET ADORESS STREET ADDRESS CITY-ST-7IP CHY ST-7IP HITE Delete TITLE Change ■ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY S1-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplied ental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the received or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attact their with an address, with all other like empowered.

FILED

SIGNATURE: John Lived OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIVINE DIVINE PROTE # Digital Proce #