2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-16-2007 90040 028 ****61.25

DOCUMENT # N06000004291

1. Entity Name
ENLIGHTENMENT, INC.

Principal Place of Business	Mailing Address
708 WEST JACKSON STREET ORLANDO, FL 32805	708 WEST JACKSON STREET ORLANDO, FL 32805

04032007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3122442 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DORSEY, T J 708 WEST JACKSON STREET ORLANDO, FL 32805	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 accep 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

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DORSEY, T J 708 WEST JEFFERSON STREET ORLANDO, FL 32805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/Director T.J. DORSEY 708 West Jackson St Orlando, Fl 32805	☒ Change ☐ Addit
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DORSEY, VIRGIE 708 WEST JEFFERSON STREET ORLANDO, FL 32805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer/Director Virgie Dorsey 708 West Jackson St Orlando, Fl 32805	☒ Change ☐ Addit
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD EVERETT, LINCOLN 6880 W SECOND WAY HIALEAH, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sect./Director Maria Murphy 7402 Navel Tree Court Orlando, Fl 32818	☐ Change ☒ Addit
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President/Director Herb Washington 9244 Baton Rouge Drive Orlando, Fl 32818	☐ Change ☒ Addit
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Parliamentarian/Director Tommy J. Dorsey II 2501 Caribbean Ct Orlando, Fl 32805	☐ Change ☒ Addit
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addit

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or direct 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 in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-26-07 407-423-8346
SIGNATURE AND TYPED OR PRINTED NAME OF DISSING OFFICER OR DIRECTOR — Date — Daytime Phone #

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4/16/2007-90040-028-$61.25-$61.25

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ENLIGHTENMENT, INC.

ATTACHMENT
66011915

[redacted]

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DORSEY, T J 708 WEST JEFFERSON STREET ORLANDO, FL 32805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Director 708 West Jackson St Orlando, Fl 32805 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DORSEY, VIRGIE 708 WEST JEFFERSON STREET ORLANDO, FL 32805	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	708 WEST Jackson St Orlando, Fl 32805 ☑ Change ☐ Addition Treasurer Director
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD EVERETT, LINCOLN 6880 W SECOND WAY HIALEAH, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Maria Murphy 7402 Navel Tree Court Sec/ Orlando, Fl 32818 Director ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Herbert Washington 9244 Baton Rouge Drive Vice Pres Orlando, Fl 32818 Director ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tommy J. Dorsey II 2501 Caribbean Ct Parliamentarian Orlando, Fl 32805 Director ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-4-07 407-423-8546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #