2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011191

HILLIARD, FL 32046

City-St-Zip:

FILED Apr 29, 2007 Secretary of State

DOCON	1L111# 1100	0000011131		Secretary of State	
Entity Na	me: PROMIS	ED LAND RETREAT, INC.			
Current Principal Place of Business:			New Principal Place o	of Business:	
	LIE HODGES FL 32046	ROAD			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	LIE HODGES FL 32046	ROAD	PO BOX 400 LIVE OAK, FL 32064		
FEI Number	: 20-5835912	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	New Registered Agent:	
26850 WIL	, RODNEY LIE HODGES FL 32046	ROAD US			
	named entity of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TRAWICK, RO	HODGES ROAD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	TRAWICK, TO	HODGES ROAD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	SEELEY, KEN) Delete NETH R Y SMITH ROAD	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: TONYA TRAWICK STD 04/29/2007