2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004360

Entity Name: LIFE CHANGING ANOINTING, INC.

FILED Feb 07, 2009 Secretary of State

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

6306 PEMBROKE ROAD MIRAMAR, FL 33023

Current Mailing Address: New Mailing Address:

20475 SW 5TH STREET PEMBROKE PINES, FL 33029

FEI Number: 11-3815025 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:

BROWN, DELPHA L
20475 SW 5TH STREET
PEMBROKE PINES, FL 33029 US
STEPHENSON, DELPHA L
20475 SW 5TH STREET
PEMBROKE PINES, FL 33029 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: TAMARA FIELDS 02/07/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP () Delete
 Title:
 DP (X) Change () Addition

 Name:
 BROWN, DELPHA L
 Name:
 STEPHENSON, GARFIELD B

 Address:
 20475 SW 5TH STREET
 Address:
 20475 SW 5TH STREET

 City-St-Zip:
 PEMBROKE PINES, FL 33029
 City-St-Zip:
 PEMBROKE PINES, FL 33029

 Title:
 DV
 () Delete
 Title:
 DV
 (X) Change () Addition

 Name:
 CLARKE, DELERICE L
 Name:
 STEPHENSON, DELPHA L

 Address:
 20475 SW 5 STREET
 Address:
 20475 SW 5 STREET

City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: PEMBROKE PINES, FL 33029

Title: DT () Delete Title: DCV (X) Change () Addition Name: DAVIS, JOYCELYN Name: CLARKE, DELERICE L

Address: 21050 NW 14TH PLACE #210 Address: 20475 SW 5 STREET

City-St-Zip: MIAMI, FL 33169 City-St-Zip: PEMBROKE PINES, FL 33029

Title: DS () Delete Title: DT (X) Change () Addition Name: FIELDS, TAMARA Name: DAVIS, JOYCELYN

Address: 517 NW 101 STREET Address: 21050 NW 14TH PLACE #210

City-St-Zip: MIAMI, FL 33150 City-St-Zip: MIAMI, FL 33169

Title: () Delete Title: DS () Change (X) Addition

 Name:
 Name:
 FIELDS, TAMARA

 Address:
 Address:
 517 NW 101 STREET

 City-St-Zip:
 City-St-Zip:
 MIAMI, FL 33150

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.

SIGNATURE: TAMARA FIELDS DS 02/07/2009