


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N18290	
1. Entity Name ORTHODOX LITURGICAL ARTS ASSOCIATION, INC.	

Principal Place of Business FATHER ALEXANDER JASIUKOWICZ 840 CABOT COURT WINTER PARK, FL 32792	Mailing Address FATHER ALEXANDER JASIUKOWICZ 840 CABOT COURT WINTER PARK, FL 32792
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DO NOT WRITE IN THIS SPACE

01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2775960	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JASIUKOWICZ, FATHER ALEXANDER 840 CABOT COURT WINTER PARK, FL 32792	DO NOT WRITE IN THIS SPACE
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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.

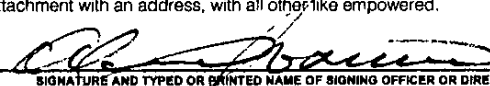
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000583164 01/11/07-80059-022 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JASIUKOWICZ, ALEXANDER 840 CABOT COURT WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JASIUKOWICZ, HELEN 840 CABOT COURT WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIBOJAN, NIKODIM REV. 1990 LAKE EMMA RD. LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:  1-8-07 DP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #