2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29150

FILED Apr 21, 2008 Secretary of State

Entity Name: L.L.Y.A., INC.							
Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:			
6527 MERF JACKSON\	RILL RD. /ILLE, FL 3227	77 US					
Current Mailing Address:			New Mailing Address:				
P O BOX 15 JACKSON\	5096 /ILLE, FL 3223	39					
FEI Number:	59-2941733	FEI Number Applied For ()	FEI Number Not Appli	icable ()	Certificate of Status Desire	rd ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
HARRIS, K. 4910 BLOU JACKSON\	ARL D INT VISTA CT /ILLE, FL 3222	25 US	14352 FISH	WASHINGTON, TAWANDA S 14352 FISH EAGLE DRIVE EAST JACKSONVILLE, FL 32226 US			
The above in the State		ubmits this statement for the pu	urpose of changing it	s registered o	ffice or registered agent,	or both,	
SIGNATUR	E: TAWANDA	WASHINGTON		04/21/2008			
	Electroni	Signature of Registered Age	nt		Date		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PV () I WASHINGTON, T 14352 FISH EAG JACKSONVILLE,	LE DR. E.	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	T () I JONES, SHEPRA 8401 LOSTARA JACKSONVILLE,	AVE	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	D () I DOUGLAS, NICC 5885 EDENFIEL JACKSONVILLE	D RD., APT. D2	Title: Name: Address: City-St-Zip:	D (X) MOONM, HEAT 5029 CAPE RO JACKSONVILLE	MAIN CT		
Title: Name: Address: City-St-Zip:	D () I FISHER, SCOTT 6572 BLACKWO JACKSONVILLE,	OD DR.	Title: Name: Address: City-St-Zip:	()	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.

SIGNATURE: TAWANDA WASHINGTON P 04/21/2008