


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90036 017 ****70.00

DOCUMENT # N31815 1. Entity Name VICTORY LIVING PROGRAMS, INC.	
-----------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 851 W. DANIA BEACH BLVD. P.O. BOX 1025 DANIA, FL 33004	Mailing Address 851 W. DANIA BEACH BLVD. P.O. BOX 1025 DANIA, FL 33004
---------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01092006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0162567	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MATTES, FRED 851 W DANIA BEACH BLVD. DANIA, FL 33004	7. Name and Address of New Registered Agent 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 accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	P SCHWARTZ, RONALD 9701 N. NEW RIVER CANAL RD. #109 PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRAYSON, MARY LOU 2100 S. OCEAN LANE #811 FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHOLL, STEPHEN 1700 N.W. 2ND AVENUE BOCA RATON, FL 33342 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAYSON, BILL 2100 SOUTH OCEAN LANE #811 FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHULTE, GEORGE 8 S.E. 13TH TERRACE - UNIT B DANIA BEACH FL 33004 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRAYSON, BILL 2100 S OCEAN LANE, #511 FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAYSON, BILL 2100 S OCEAN LANE # 511 FORT LAUDERDALE FL 33316 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, GLORIA 9701 N NEW RIVER CANAL PLANTATION, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, GLORIA 9701 N NEW RIVER CANAL RD #109 PLANTATION FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATTES, CPA, FRED 3441 WATER OAKS DR. HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATTES, FRED 3441 WATER OAK DRIVE HOLLYWOOD FL 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Fred Mattes FRED MATTES

1/10/06 954 921 8223