


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N42006 1. Entity Name THE LIVING CORNERSTONE, INC.	
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Principal Place of Business 1835 TAYLOR ROAD DAYTONA BEACH, FL 32128	Mailing Address 1835 TAYLOR ROAD DAYTONA BEACH, FL 32128
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DO NOT WRITE IN THIS SPACE



07202006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3039465	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 CHADWICK, HOWARD K II 1835 TAYLOR RD DAYTONA BEACH, FL 32128	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHADWICK, HOWARD K 1216 RUTHBERN ROAD DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST CHADWICK, RAMONA 1216 RUTHBERN ROAD DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYABINOV, ALYOSHA 125 DEERLAKE CIRCLE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYABINOV, JODIE 125 DEERLAKE CIRCLE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEYASEELAN, JOHN 31 OAKMONT CIRCLE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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09/14/06-80003-008 70.00

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: *Ramona Chadwick* **RAMONA CHADWICK, VP** *7/25/06* **386.788.4870**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #