

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 31, 2008
Secretary of State

DOCUMENT# N42953

Entity Name: LIGHT OF JOY, INC.

Current Principal Place of Business:1875 NW 80TH AVE.
OCALA, FL 34482 US**New Principal Place of Business:**850 NE 36TH TERRACE
UNIT H
OCALA, FL 34470 US**Current Mailing Address:**JACOBS, ANA
2701 SE 48TH STREET
OCALA, FL 34480**New Mailing Address:**2701 SE 48TH STREET
OCALA, FL 34480

FEI Number: 59-3057406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:JACOBS, ANA
2701 S.E. 48TH STREET
OCALA, FL 34480 US**Name and Address of New Registered Agent:**JACOBS, ANA
2701 S.E. 48TH STREET
OCALA, FL 34480 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: ANA JACOBS

07/31/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: DP () Delete
Name: SULLIVAN, LUCY
Address: 20 CEDAR TRACE
City-St-Zip: OCALA, FL 34472Title: DV () Delete
Name: JACOBS, ANA,
Address: 2701 SE 48TH STREET
City-St-Zip: OCALA, FL 34480Title: DST () Delete
Name: KOCHEN, STACIE
Address: 3225 NE 44TH PL
City-St-Zip: OCALA, FL 34479**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: DP (X) Change () Addition
Name: JACOBS, ANA
Address: 2701 S.E. 48TH STREET
City-St-Zip: OCALA, FL 34480 USTitle: DS (X) Change () Addition
Name: HIATT, CAROL
Address: 2500 SW 35TH ST
City-St-Zip: OCALA, FL 34474 USTitle: DT (X) Change () Addition
Name: MAVROS, ARON L
Address: 5335 SE 91ST ST
City-St-Zip: OCALA, FL 34480 US

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: ARON MAVROS

DT

07/31/2008

Electronic Signature of Signing Officer or Director

Date