2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50026

FILED Feb 12, 2008 Secretary of State

Entity Numer Violotti	OUS LIVING MINISTRIES INC.		Secretary of State
Current Principal Place of Business:		New Principal Place	of Business:
250 N IVEY LANE ORLANDO, FL 32811	US		
Current Mailing Address:		New Mailing Address	::
P O BOX 617199 ORLANDO, FL 32861	US		
FEI Number: 59-3136196	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and Address of C	Current Registered Agent:	Name and Address of	f New Registered Agent:
MORGAN, MARION V 8344 ROSE GROVES RO ORLANDO, FL 32818	OAD US	MORGAN, VICTOR M 8344 ROSE GROVES ORLANDO, FL 32818	
The above named entity in the State of Florida.	submits this statement for the pur	rpose of changing its registered	d office or registered agent, or both,
	·	rpose of changing its registered	d office or registered agent, or both, 02/12/2008
in the State of Florida. SIGNATURE: VICTOR	·		
in the State of Florida. SIGNATURE: VICTOR	M. MORGAN nic Signature of Registered Agent	t	02/12/2008
in the State of Florida. SIGNATURE: VICTOR Electror OFFICERS AND DIREC	M. MORGAN nic Signature of Registered Agent TORS: Delete TOR M ROVES ROAD	t ADDITIONS/CHANGE	02/12/2008 Date
in the State of Florida. SIGNATURE: VICTOR Electror OFFICERS AND DIREC Title: P () Name: MORGAN, VICT Address: 8344 ROSE GF City-St-Zip: ORLANDO, FL	M. MORGAN nic Signature of Registered Agent TORS:) Delete FOR M ROVES ROAD 32818) Delete TH	t ADDITIONS/CHANGE Title: Name: Address: City-St-Zip:	02/12/2008 Date S TO OFFICERS AND DIRECTORS:

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: VICTOR M. MORGAN P 02/12/2008