

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 07, 2006
Secretary of State**

DOCUMENT# N92000000474

Entity Name: CHRISTIAN LIFE RESTORATION CENTER, INC.

Current Principal Place of Business:

7573 W OAKLAND PARK BLVD
LAUDERHILL
LAUDERHILL, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

4072 INVERRARY DR.
LAUDERHILL, FL 33319 US

New Mailing Address:

FEI Number: 65-0372032 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FABRE, GEORGE
4072 INVERRARY DR.
LAUDERHILL, FL 33319 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FABRE SR, GEORGE
Address: 4072 INVERRARY DR.
City-St-Zip: LAUDERHILL, FL 33319

Title: VPD () Delete
Name: FABRE, YOLETTE
Address: 4072 INVERRARY DR.
City-St-Zip: LAUDERHILL, FL 33319

Title: SD () Delete
Name: TELLUS, VERNANTE
Address: 7573 W OAKLAND PARK BLVD
City-St-Zip: LAUDERHILL, FL 33319

Title: C () Delete
Name: SAINT PIERRE, MAUDELINE
Address: 7573 W. OAKLAND PARK BLVD
City-St-Zip: LAUDERHILL, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GEORGE FABRE

PD

03/07/2006

Electronic Signature of Signing Officer or Director

_____ Date