2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 04, 2006 8:00 am Secretary of State DOCUMENT # N93000003552 1. Entity Name 05-04-2006 90250 043 ****70.00 LIGHT OF FREEDOM INC. Principal Place of Business Mailing Address 1257 MOLES RD SW 1257 MOLES RD SW WILLIS VA 24380-5003 WILLIS VA 24380-5003 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-3195171 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILSON, CORINE V Street Address (P.O. Box Number is Not Acceptable) 1073 CHESTERFIELD CIRCLE WINTER SPRINGS FL 32708 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstablig) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. PD TITLE ☐ Delete TITLE Change ☐ Addition ABERNETHY, CARR B NAME NAME 1257 MOLES ROAD S.W. STREET ADDRESS STREET ADDRESS WILLIS VA 24380 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE WILSON, CORINE V NAME NAME STREET ADDRESS 1073 CHESTERFIELD CIRCLE STREET ADDRESS WINTER SPRINGS FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition ABERNATHY, THAIS NAME NAME STREET ADDRESS 1257 MOLES ROAD S.W. STREET ADDRESS **WILLIS VA 24380** CITY-ST-ZIP CITY-ST-7IP TITLE TSD ☐ Delete TITLE Change ☐ Addition NAME CARNEGLIA, LAWRENCE J. NAME 1872 DERBYSHIRE ROAD STREET ADDRESS STREET ADDRESS City-St-ZiP MAITLAND FL CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE CROWELL, BETTY NAME NAME 1257 MOLES ROAD S.W. STREET ADDRESS STREET ADDRESS WILLIS VA 24380 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition ABERNETHY, ALFRE 505 ASHOOWN PARK NAME NAME STREET ADDRESS STREET ADDRESS ,5C 29072 LEXINGTON CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 addless, with all other like empowered.

APRIL 1506 540 593-2169 CARR B ABERNETHY SIGNATURE