2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001751

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

ORLANDO, FL 32828

ORLANDO, FL 32825

1917 STOEN ABBEY BLVD

HILL. ANTWANE

() Delete

Entity Name: TRIUMPHANT LIVING, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 532 S. ECON CIRCLE SUITE 100 OVIEDO, FL 32765 **New Mailing Address: Current Mailing Address:** 236 LEXINGDALE DR ORLANDO, FL 32828 FEI Number: 59-3240875 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WRIGHT, WILEY C 236 LEXINGDALE DR US ORLANDO, FL 32828 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WRIGHT, WILEY C Name: Name: 236 LEXINGDALE DR Address: Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip: Title: DA () Delete Title: (X) Change () Addition DA WRIGHT, ANTENITA Name: WRIGHT, ANTENITA Name: Address: 236 LEXINGDALE DR Address: 236 LEXINGDALE DR City-St-Zip: ORLANDO, FL City-St-Zip: ORLANDO, FL 32828 Title: VD. () Delete Title: VD. (X) Change () Addition DAWSON, JOHNNY DAWSON, JOHNNY Name: Name: 7306 WHITEWATER DR 2424 PRARIE VIEW DR Address: Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: WINTER GARDEN, FL 34787 Title: DE () Delete Title: DF (X) Change () Addition Name: DAWSON, TAMMY Name: DAWSON, TAMMY 7306 WHITEWATER DR 2424 PRARIE VIEW DR Address: Address: City-St-Zip: ORLANDO, FL City-St-Zip: WINTER GARDEN, FL 34787 Title: MD () Delete Title: () Change () Addition MOSS, SAMANTHA Name: Name: 12861 WATERHEAVEN CIR Address: Address:

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: WILEY C WRIGHT PD 04/28/2009

(X) Change () Addition

HILL, ANTWANE

1917 STONE ABBEY BLVD

ORLANDO, FL 32828