


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90035 004 ****61.25

DOCUMENT # N94000002705	
1. Entity Name INNER LIGHT CENTER, INC.	

Principal Place of Business 3842 LEAFY WAY COCONUT GROVE FL 33133 US	Mailing Address 3842 LEAFY WAY COCONUT GROVE FL 33133 US
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2. Principal Place of Business 3471 Main Hwy Villa 621	3. Mailing Address 3471 Main Hwy Villa 621
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State Coconut Grove FL	City & State Coconut Grove FL
Zip FI	Zip 33133
Country USA	Country USA

4. FEI Number 65-0627258	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FENDELMAN, MARILYN 3842 LEAFY WAY COCONUT GROVE FL 33133	
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7. Name and Address of New Registered Agent	
Name Marilyn Roth	
Street Address (P.O. Box Number is Not Acceptable) 3471 Main Hwy Villa 621	
City Coconut Grove	Zip Code FL 33133

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 Marilyn Roth	DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FENDELMAN, MARILYN		NAME Marilyn Roth	
STREET ADDRESS 3842 LEAFYWAY		STREET ADDRESS 3471 Main Hwy Villa 621	
CITY-ST-ZIP COCONUT GROVE FL 33133		CITY-ST-ZIP Coconut Grove FL 33133	
TITLE DT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FENDELMAN, RICHARD		NAME	
STREET ADDRESS 3842 LEAFYWAY		STREET ADDRESS	
CITY-ST-ZIP COCONUT GROVE FL 33133		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOFFE, WENDY		NAME	
STREET ADDRESS 3613 BAYVIEW		STREET ADDRESS	
CITY-ST-ZIP COCONUT GROVE FL 33133		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 address, without other like empowered.	
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SIGNATURE: Marilyn Roth Marilyn Roth	Date 3-28-05	Daytime Phone # (305) 978-5900
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