

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005800

FILED
Aug 01, 2005
Secretary of State

Entity Name: SOURCE OF ABUNDANT LIFE SYSTEMS INC.

Current Principal Place of Business:

4451 NW 16TH ST
APT. K211
LAUDERHILL, FL 33313 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 120067
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 65-0556448 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RYAN, NOLVA
4451 NW 16TH STREET
APT. K211
LAUDERHILL, FL 33313 US

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: DP () Delete
Name: NOLVA, RYAN
Address: 4451 NW 16TH ST, APT K211
City-St-Zip: LAUDERHILL, FL 33313

Title: DVP () Delete
Name: RYAN, RUPERT A
Address: 4451 NW 16TH ST, APT K211
City-St-Zip: LAUDERHILL, FL 33313

Title: D () Delete
Name: RYAN, ROBERT
Address: 1367 AMBERCREST WAY
City-St-Zip: AUSTELL, GA 30168

Title: S () Delete
Name: GEORGE, ESNA
Address: 1820 NW 191ST STREET
City-St-Zip: MIAMI, FL 33056

Title: T () Delete
Name: DESMOND, ALEXANDER
Address: 20154 NW 36TH COURT
City-St-Zip: OPA LOCKA, FL 33056

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: S (X) Change () Addition
Name: NEWTON, MARLENE
Address: 4541 NW12TH COURT
City-St-Zip: LAUDERHILL, FL 33313 US

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 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 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: NOLVA RYAN

DP

08/01/2005

Electronic Signature of Signing Officer or Director

Date