

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005800

FILED  
Aug 09, 2006  
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: NEWTON, MARLENE  
Address: 4541 NW12TH COURT  
City-St-Zip: LAUDERHILL, FL 33313 US

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: ( ) 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: NOLVA RYAN

DP

08/09/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date