

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90099 001 \*\*\*\*70.00

DOCUMENT # N95000003843					
1. Entity Name FAMILY LIFE RESOURCES, INC.					
Principal Place of Business 5802 E FOWLER AVE SUITE D TAMPA, FL 33617 US		Mailing Address 5802 E FOWLER AVE SUITE D TAMPA, FL 33617 US		<p style="text-align: center; font-size: 24pt;"><b>50011559</b></p> 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01242005 Chg-NP CR2E037 (10/03)	
Zip		Zip		4. FEI Number 59-3333002	
Country		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
DILLMAN, RICHARD A 5802 E FOWLER AVE SUITE D TAMPA, FL 33617				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
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.				FL	
SIGNATURE _____				DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DILLMAN, RICHARD A	NAME			
STREET ADDRESS	17835 PINE KNOLL DR.	STREET ADDRESS			
CITY-ST-ZIP	DADE CITY, FL 33523	CITY-ST-ZIP			
TITLE	STVD <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DILLMAN, MARY K	NAME			
STREET ADDRESS	17835 PINE KNOLL DR	STREET ADDRESS			
CITY-ST-ZIP	DADE CITY, FL 33523	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHAMSLLEN, GLEN	NAME			
STREET ADDRESS	7906 HOFI PLACE	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33634	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HITCHCOCK, SCOTT	NAME			
STREET ADDRESS	17827 GREEN WILLOW DRIVE	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33647	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHILLIPS, EARL F	NAME			
STREET ADDRESS	10294 COUNTY ROAD 335	STREET ADDRESS			
CITY-ST-ZIP	NEW PARIS, OH 45347	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		NAME	BRENT WILLIAMS		
STREET ADDRESS		STREET ADDRESS	22330 WILLOW LAKES DRIVE		
CITY-ST-ZIP		CITY-ST-ZIP	LUTZ, FL. 33549		
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, with all other like empowered.					
SIGNATURE: <i>Richard A. Dillman</i>				Date: <i>1/24/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: <i>(813) 989-1900</i>	