## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** May 01, 2006 8:00 am Secretary of State

05-01-2006 90341 040 \*\*\*\*61.25

1. Entity Nam	MENT # N96000001 OUCHING LIVES, INC.	196				006 90341 0	40 ****	*61.25
1370 GULF BLVD #802 CLEARWATER BEACH, FL 33767		Mailing Address 1370 GULF BLVD #802 CLEARWATER BEACH, FL 33767 US			07278 			
2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address		QUUI BBIII BBIR BI	8111: 88181 41801 71 	1858 IAUR <b>a</b> ii	1]   1  1  1
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252006 CI	ng-NP	CR2E037 (	11/05)	
City & State		City & State		4. FEI Number 59-339457	9		<del></del>	plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of St	atus Desired		.75 Add Required	
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New	Registered Age	nt	
LAFERNE'	Y, ZONNYA DR.		Name					
1370 GULI #802			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
CLEARWATER BEACH, FL 33767								
			Čity			FL	Zip Code	<del>)</del>
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its reg	gistered office or re	egistered agent, or both, in	the State of F	ilorida. I am fam	itiar with,	and accept
	Signature, typed or printed name of registered agent	and little if applicable. (NOTE; Re	gistered Agent signature	e required when reinstaling)		DATE		
	Signature, typed or printed name of regulared agent Filling Fee Is \$61.25 Due by May 1, 2006	9. Election Campa Trust Fund Cont	aign Financing	\$5.00 May Be		DATE Make check partine		
10.	Filing Fee Is \$61.25 Due by May 1, 2006 OFFICERS AND DIE	9. Election Campa Trust Fund Con	aign Financing stribution.	\$5.00 May Be	Fic	Make check porida Departmo	ent of St	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campa Trust Fund Con	aign Financing stribution.	\$5.00 May Be Added to Fees	Fic	Make check porida Departmo	ent of St	tate
TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIE  DVP  BEKE, STEVE  2131 DREW STREET	9. Election Campa Trust Fund Con	aign Financing Itribution.  11. IIILE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Fic	Make check portida Departme	ent of St	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2006  OFFICERS AND DIE  DVP BEKE, STEVE 2131 DREW STREET CLEARWATER, FL 33575  DT LAFERNEY, J L P.O. BOX 91241 N/A	9. Election Campa Trust Fund Cont RECTORS	aign Financing tribution.  11.  IIILE NAME STREET ADDRESS CITY-ST-ZIP  IIILE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	FICES TO OFFICE	Make check provide Department ERS AND DIRECT	ent of St CTORS IN Change	tate 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2006  OFFICERS AND DIE  DVP BEKE, STEVE 2131 DREW STREET CLEARWATER, FL 33575  DT LAFERNEY, J L P.O. BOX 91241 N/A LAKELAND, FL 33804  SD TRIMM, PATRICIA 1282 JASMINE WAY	9. Election Campa Trust Fund Cont RECTORS Delete	aign Financing Itribution.  11.  IIILE NAME STREET ADDRESS CITY-ST-ZIP  IIILE NAME STREET ADDRESS CITY-ST-ZIP  IITLE NAME STREET ADDRESS CITY-ST-ZIP  IITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANG	FICES TO OFFICE	Make check provided Department Control	ent of St CTORS IN Change	1 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee Is \$61.25 Due by May 1, 2006  OFFICERS AND DIE  DVP BEKE, STEVE 2131 DREW STREET CLEARWATER, FL 33575  DT LAFERNEY, JL P.O. BOX 91241 N/A LAKELAND, FL 33804  SD TRIMM, PATRICIA 1282 JASMINE WAY CLEARWATER, FL 33756  DA LORDAN, DIANE 500 ESSEX ST	9. Election Campa Trust Fund Cont RECTORS Delete Delete Delete	aign Financing Itribution.  11.  IIILE NAME STREET ADDRESS CITY-ST-ZIP  IIILE NAME STREET ADDRESS STREET ADDRESS	\$5.00 May Be Added to Fees ADDITIONS/CHANG	FICES TO OFFICE	Make check provide Department Control	ent of St CTORS IN ] Change	Addition  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR