

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006330

FILED
Mar 07, 2006
Secretary of State

Entity Name: LIFE RESTORATION INTERNATIONAL, INC.

Current Principal Place of Business:

7573 W OAKLAND PARK BLVD
LAUDERHILL, FL 33319

New Principal Place of Business:

Current Mailing Address:

4072 INVERRARY DR
LAUDERHILL, FL 33319

New Mailing Address:

FEI Number: 65-0795784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FABRE SR, GEORGE DR
4072 INVERRARY DR
LAUDERHILL, FL 33319 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: FABRE SR, GEORGE DR
Address: 4072 INVERRARY DR
City-St-Zip: LAUDERHILL, FL 33319

Title: D () Delete
Name: FABRE, YOLETTE
Address: 4072 INVERRARY DR
City-St-Zip: LAUDERHILL, FL 33319

Title: D () Delete
Name: SAINT PIERRE, MAUDELINE
Address: 7573 W OAKLAND PARK BLVD
City-St-Zip: LAUDERHILL, FL 33319

Title: D () Delete
Name: INNOCENT, DANIELLE
Address: 7573 W OAKLAND PARK BLVD
City-St-Zip: LAUDERHILL, FL 33319

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:

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: GEORGE FABRE SR.

PD

03/07/2006

Electronic Signature of Signing Officer or Director

Date