


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 A
Secretary of State

DOCUMENT # N98000000040 1. Entity Name THE WAY OF THE LIGHT, INC.	
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Principal Place of Business 289 RADFORD RD SE FLOYD, VA 24091-2802	Mailing Address 289 RADFORD RD SE FLOYD, VA 24091-2802
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DO NOT WRITE IN THIS SPACE



02152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 58-237257.1	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PRIETO, ARLENE
505 NE 30TH ST., APT. 215
MIAMI, FL 33137**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDINA, ANABEL 289 RADFORD RD SE FLOYD, VA 240912802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDY, MERCEDES P 5954 LANDVIEW DR. ROANOKE, VA 24018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ITURBE, ADYS 130 DAWN DR FAYETTEVILLE, GA 30215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000671304
03/28/07-80022-022 61.25

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: *Adys Iturbe* *Adys Iturbe* *2-14-07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #