2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006
Secretary of State

DOCUMENT# N99000003857

Entity Name: LIVING HIS LIFE ABUNDANTLY INTERNATIONAL, INC.

Current Principal Place of Business:

325 SCARLET BLVD.
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

325 SCARLET BLVD.
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 59-3581170 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORRENCE, ALFRED W JR.
6645 RIDGE ROAD
PORT RICHEY, FL 34668 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:	BENKOVIC, JOHNNETTE S	
Address:	2245 TONIWOOD LANE	
City-St-Zip:	PALM HARBOR, FL 34685	
Title:	VPD	( ) Delete
Name:	BENKOVIC, ANTHONY J	
Address:	2245 TONIWOOD LANE	
City-St-Zip:	PALM HARBOR, FL 34685	
Title:	STD	( ) Delete
Name:	MOORE, M. SCOTT	
Address:	1583 BERING COURT	
City-St-Zip:	PALM HARBOR, FL 34683	
Title:	D	( ) Delete
Name:	BRUSKEWITZ, REV. FABIAN	
Address:	3400 SHERIDAN BLVD.	
City-St-Zip:	LINCOLN, NE 68506	
Title:	D	( ) Delete
Name:	LOCKWOOD, ROBERT P	
Address:	1116 BERKLEY MANOR DRIVE	
City-St-Zip:	CRANBERRY TOWNSHIP, PA	

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:	D	(X) Change ( ) Addition
Name:	LOCKWOOD, ROBERT P	
Address:	111 BLVD OF ALLIES	
City-St-Zip:	PITTSBURGH, PA 15222 US	

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: JOHNNETTE S BENKOVIC PD 03/29/2006

Electronic Signature of Signing Officer or Director — Date