2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005841

FILED Apr 30, 2006 Secretary of State

Entity Name: PROSPERING, BELIEVING, AND LEARNING TO LIVE AGAIN, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	OURTLAND BLV A, FL 32738	D.		
Current Mailing Address:		New Mailing Address:		
	OURTLAND BLV A, FL 32738	D.		
El Numbe	: 31-1656319	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	d Address of Cu	urrent Registered Agent:	Name and Address of	of New Registered Agent:
	URTLAND BLV	D. JS		
	e named entity so e of Florida.	ubmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both
the Stat	e of Florida.	ubmits this statement for the p	ourpose of changing its registere	d office or registered agent, or bot
the Stat	e of Florida. [*] RE:	ubmits this statement for the p		d office or registered agent, or both Date
n the Stat	e of Florida. [*] RE:	c Signature of Registered Ag	ent	
the State of the S	e of Florida. RE: Electronic S AND DIRECT	c Signature of Registered Agr F ORS: Delete FUNIA / CRL	ent	Date
n the Stat SIGNATU DFFICER itle: ame: ddress: ity-St-Zip: itle: ame: ddress:	e of Florida. RE: Electronic S AND DIRECT S/D () I SANDERS, SANT 2253 MATTHEW DELTONA, FL 3	c Signature of Registered Agr ORS: Delete FUNIA / CRL 2725 Delete AMELA L DR	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO
n the Stat	e of Florida. RE: Electronic S AND DIRECT S/D ()I SANDERS, SANT 2253 MATTHEW DELTONA, FL 3 T/D ()I ALEXANDER, PA 1962 S OLD MIL DELTONA, FL 3	c Signature of Registered Age FORS: Delete FUNIA / CRL 2725 Delete AMELA L DR 2738 Delete A R AVE	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO () Change () Addition

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: LIZZIE HILL PRES 04/30/2006