

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000006026

FILED
Jul 25, 2006
Secretary of State

Entity Name: LIBERTY INSTITUTIONAL REVIEW BOARD INC.

Current Principal Place of Business:

2024 LARCHMONT DRIVE
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

2024 LARCHMONT DRIVE
DELAND, FL 32724

New Mailing Address:

FEI Number: 33-1039061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BALLINGER, STEVEN R ESQ.
888 S. ANDREWS AVENUE
SUITE 205
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

LEFKOWITZ, IVAN
430 NORTH MILLS AVENUE
ORLANDO, FL US

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: IVAN LEFKOWITZ

07/25/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RYAN, MARYANN
Address: 2024 LARCHMONT DRIVE
City-St-Zip: DELAND, FL 32724

Title: V () Delete
Name: TALABER, CHERYL
Address: 2024 LARCHMONT DRIVE
City-St-Zip: DELAND, FL 32724

Title: ST () Delete
Name: TALABER, CHERYL
Address: 2024 LARCHMONT DRIVE
City-St-Zip: DELAND, FL 32724

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARYANN RYAN

P

07/25/2006

Electronic Signature of Signing Officer or Director

Date