

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000162857

Entity Name: CHRISTIAN LIFE INSTITUTE, INC.

FILED
May 02, 2006
Secretary of State

Current Principal Place of Business:

937 DOGWOOD DR
BAREFOOT BAY, FL 32976

New Principal Place of Business:

2145 14TH AVE.
#15
VERO BEACH, FL 32960 US

Current Mailing Address:

937 DOGWOOD DR
BAREFOOT BAY, FL 32976

New Mailing Address:

2145 14TH AVE.
#15
VERO BEACH, FL 32960

FEI Number: 32-0135339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVASSEUR, LINDA ANN
937 DOGWOOD DR
BAREFOOT BAY, FL 32976 US

Name and Address of New Registered Agent:

CARRIE, MAYNARD
106 BOSKIND RD.
INDIALANTIC, FL 32903 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: CARRIE MAYNARD

05/02/2006

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: PSD () Delete
Name: LEVASSEUR, LINDA ANN
Address: 937 DOGWOOD DR
City-St-Zip: BAREFOOT BAY, FL 32976

Title: VP (X) Delete
Name: MAYNARD, CARRIE
Address: 106 BOSKIND ROAD
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: CARRIE, MAYNARD
Address: 106 BOSKIND RD.
City-St-Zip: INDIALANTIC, FL 32903

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: CARRIE MAYNARD

PSD

05/02/2006

Electronic Signature of Signing Officer or Director

Date