


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90079 001 \*\*\*150.00  
07-25-2006 90079 002 \*\*\*\*\*8.75

<b>DOCUMENT # P05000079792</b>		
1. Entity Name THE LIGHT OF THE WORLD, INC.		

Principal Place of Business 6455 ARGYLE FOREST BLVD APT. #813 JACKSONVILLE, FL 32244	Mailing Address 6455 ARGYLE FOREST BLVD APT. #813 JACKSONVILLE, FL 32244
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DOCUMENT



07132006 Chg-P CR2E034 (11/05)

2. Principal Place of Business 510 Willow Branch Ave Suite, Apt. #, etc. # 2	3. Mailing Address 510 Willow Branch Ave Suite, Apt. #, etc. # 2
City & State Jacksonville, FL 32254	City & State Jacksonville, Florida
Zip 32254 Country U.S.	Zip 32254 Country U.S.

4. FEI Number 30-0319539	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THOMAS, BORIS L 6455 ARGYLE FOREST BLVD APT #813 JACKSONVILLE, FL 32244	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, BORIS L 6455 ARGYLE FOREST BLVD., APT #813 JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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: Boris L Thomas 7-15-06 904-5746286  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #