

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36997

FILED
Jan 23, 2005
Secretary of State

Entity Name: TALLER DE ORACION Y VIDA, INC.

Current Principal Place of Business:

9344 WOODBREEZE BLVD
WINDERMERE, FL 34786 US

New Principal Place of Business:

Current Mailing Address:

9344 WOODBREEZE BLVD
WINDERMERE, FL 34786 US

New Mailing Address:

FEI Number: 65-0314689 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOMEZ, NYDIA
9344 WOODBREEZE BLVD
WINDERMERE, FL 34786 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: IC () Delete
Name: CANO, MARGARITA
Address: CALLE 30#79 COLONIA CAMPESTRE
City-St-Zip: MERIDIA, YUCATAN, MX 97120

Title: IT () Delete
Name: SALINAS, YOLANDA
Address: 4111 NORTH 40TH
City-St-Zip: MCALLEN, TX 78501

Title: ZC () Delete
Name: GARCIA, RUBY
Address: 16460 TIMBERLAKES DRIVE #204
City-St-Zip: FORT MYERS, FL 33908

Title: ZT () Delete
Name: GOMEZ, NYDIA
Address: 9344 WINDERMERE BLVD
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ZC (X) Change () Addition
Name: GARCIA, RUBY
Address: 2921 BILLINGHAM DRIVE
City-St-Zip: LAND O' LAKE, FL 34639

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 Section 119.07(3)(i), 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: NYDIA GOMEZ

ZT

01/23/2005

Electronic Signature of Signing Officer or Director

Date