


FILED
May 15, 2007 8:00 am
Secretary of State

04-17-2007 90245 032 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N48617

1. Entity Name
 LITHUANIAN FREEDOM THROUGH EDUCATION FUND, INC.



Principal Place of Business
 1919 RIDGE ROAD
 NORTH PALM BEACH, FL 33408

Mailing Address
 25802 PRAIRIESTONE DR
 LAGUNA HILLS, CA 92653 US

bbu10000



04062007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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|---|--------------------------------|
| 4. FEI Number 65-0352349 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

AVIZONIS, LIUDA
 1933 RIDGE ROAD
 NORTH PALM BEACH, FL 33408

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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: *Liuda V. Avizonis* DATE: 4/6/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JUCENAS, BRONE M. 1919 RIDGE ROAD NORTH PALM BEACH, FL 33408 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST AVIZONIS, LIUDA V. 25802 PRAIRIESTONE DR. LAGUNA HILLS, CA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AVIZONIS, PETRAS V. 25802 PRAIRIESTONE DR. LAGUNA HILLS, CA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LIAUKUS, MILDA E. 21 BROWNSON DR. SHELTON, CT |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LIAUKUS, SIGITAS 21 BROWNSON DR. SHELTON, CT |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCCOMAS, GREGORY B M.D. 6578 CANYON COVE PR. SALT LAKE CITY, UT |

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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 617, 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: *Liuda V. Avizonis Pres.* DATE: 5/8/07 DAYTIME PHONE: 949 362 1472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR