2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000219

FILED Apr 13, 2005 Secretary of State

Entity Nam	ne: FAMILY LI	IFE CEI	NTER IN	TERNATIO	NAL, INC.				,	
Current Pri	incipal Place	of Bus	iness:			New Princ	ipal Place	of Business:		
	STCHESTER E OTTE, FL 339		US							
Current Ma	iling Address	s:				New Mailii	ng Addres	s:		
	STCHESTER E OTTE, FL 339		US							
FEI Number: 6	65-0368234	FEI Nu	ımber App	lied For ()	FEI Nur	mber Not Appli	cable ()	Certificate of	f Status De	esired ()
Name and A	Address of C	urrent	Registe	ed Agent:		Name and	Address o	of New Registe	red Age	nt:
MOOD ST	EPHEN D.									
22226 WES	OTTE, FL 339		US							
22226 WES PT. CHARL	OTTE, FL 339	952		ement for th	e purpose o	of changing it	s registere	d office or regis	itered age	ent, or both,
22226 WES PT. CHARL The above r	OTTE, FL 339 named entity s of Florida.	952		ement for th	e purpose o	of changing it	s registere	d office or regis	itered age	ent, or both,
22226 WES PT. CHARL The above r in the State	OTTE, FL 339 named entity sof Florida. E:	952 ubmits	this state	ement for th		of changing it	s registere	d office or regis Date		ent, or both,
22226 WES PT. CHARL The above r in the State SIGNATUR	OTTE, FL 339 named entity sof Florida. E:	952 ubmits ic Signa	this state						e	
22226 WES PT. CHARL The above r in the State SIGNATUR	OTTE, FL 339 named entity s of Florida. E: Electroni AND DIRECT	ubmits ic Signa FORS: Delete EN D COURT	this state					Date	e :RS AND	
22226 WES PT. CHARL The above r in the State SIGNATUR OFFICERS Title: Name: Address:	OTTE, FL 339 named entity s of Florida. E: Electroni AND DIRECT DP () WOOD, STEPHE 3439 MELISSA (PORT CHARLOT	ubmits ic Signa rors: Delete EN D COURT ITE, FL Delete IES	this state			ADDITION Title: Name: Address:	S/CHANGI DV BURNHAM, 4800 SAMA	Date ES TO OFFICE () Change () Ac (X) Change () A JAMES	e :RS AND ddition	

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: STEPHEN WOOD PRES 04/13/2005