


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT #744104 1. Entity Name THE NEW JESUS HOUSE OF FAITH EVANGELISTIC MINISTRIES, INC.	
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 31 PM 5:28

Principal Place of Business 3501 W. BROWARD BLVD FT LAUDERDALE, FL 33312	Mailing Address P.O. BOX 120952 FT. LAUDERDALE, FL 33312
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2. Principal Place of Business <i>Same</i>	3. Mailing Address <i>Same</i>	10252006 Chg-NP CR2E037 (4/06)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0263316
City & State	City & State	Applied For Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DRAKE, DEBORAH C 2401 NW 47TH AVE LAUDERHILLE, FL 33313	7. Name and Address of New Registered Agent Name <i>Same</i> Street Address (P.O. Box Number is Not Acceptable) _____ City <i>900091374909</i> <i>10/21/06-01028-009 **\$1.25</i> FL Zip Code
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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 *Deborah Clayton-Drake* DATE *10/26/06*

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

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME DRAKE, DEBORAH C STREET ADDRESS 2401 NW 47TH AVE CITY-ST-ZIP LAUDERHILL, FL 33313	<input type="checkbox"/> Delete	TITLE P NAME DRAKE, DEBORAH C. STREET ADDRESS 2401 N.W. 47TH AVE. CITY-ST-ZIP LAUDERHILL, FL 33313	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME HAMILTON, BETTY STREET ADDRESS 2141 NW 28 ST CITY-ST-ZIP FT. LAUDERDALE, FL 33311	<input type="checkbox"/> Delete	TITLE VP NAME SPRY, LONNIE B. STREET ADDRESS 190 N.W. 29 AVE. CITY-ST-ZIP FT. LAUDERDALE, FL 33311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME HALL, MIA STREET ADDRESS 5601 NW 18 STREET CITY-ST-ZIP LAUDERHILL, FL 33313	<input type="checkbox"/> Delete	TITLE T NAME HAMILTON, BETTY STREET ADDRESS 2141 N.W. 28 ST. CITY-ST-ZIP FT. LAUDERDALE, FL 33311	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME DRAKE, NORMAN STREET ADDRESS 2401 NW 47TH AVE CITY-ST-ZIP LAUDERHILL, FL 33313	<input type="checkbox"/> Delete	TITLE S NAME SPRY, Cynthia E. STREET ADDRESS 190 N.W. 29 AVE CITY-ST-ZIP FT. LAUDERDALE, FL 33311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME MONTGOMERY, BERTHA STREET ADDRESS 2831 NW 7TH CT CITY-ST-ZIP FT LAUDERDALE, FL 33311	<input type="checkbox"/> Delete	TITLE D NAME MONTGOMERY, BERTHA STREET ADDRESS 2831 N.W. 7th CT. CITY-ST-ZIP FT. LAUDERDALE, FL 33311	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MALONE, JAMES STREET ADDRESS 249 NE 39 CT CITY-ST-ZIP POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete	TITLE D NAME MALONE, JAMES STREET ADDRESS 249 N.E. 39 CT. CITY-ST-ZIP POMPANO BEACH, FL 33060	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Deborah Clayton-Drake* DATE: *10/26/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #