2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006
Secretary of State

DOCUMENT# N02000008328

Entity Name: MY FATHER'S HOUSE OF CFN, INC.

Current Principal Place of Business:

2172 W. NINE MILE ROAD
#197
PENSACOLA, FL 32534

New Principal Place of Business:

Current Mailing Address:

2172 W. NINE MILE ROAD
#197
PENSACOLA, FL 32534

New Mailing Address:

2245 CRICKET RIDGE DRIVE
CANTONMENT, FL 32533

FEI Number: 52-2381312 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANCASTER, GREG
2172 W. NINE MILE ROAD
#197
PENSACOLA, FL 32534 US

Name and Address of New Registered Agent:

LANCASTER, GREG
2245 CRICKET RIDGE DRIVE
CANTONMENT, FL 32533 US

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: _____ 01/25/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LANCASTER, GREG
Address: 2245 CRICKET RIDGE DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: VD ( ) Delete
Name: LANCASTER, DONNA
Address: 2245 CRICKET RIDGE DRIVE
City-St-Zip: CANTONMENT, FL 32533

Title: STD ( ) Delete
Name: HAMILTON, PAT
Address: 2346 WINDSTONE DR.
City-St-Zip: PENSACOLA, FL 32526

Title: D ( ) Delete
Name: RAMOS, JOHN
Address: 6304 EAST SHORE DRIVE
City-St-Zip: PENSACOLA, FL 32505

Title: D ( ) Delete
Name: HAMILTON, CHRIS
Address: 230 MARIGOLD DRIVE APT. P1-103
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change ( ) Addition
Name: HAMILTON, PAT
Address: 6699 DEVIN CIRCLE
City-St-Zip: PENSACOLA, FL 32526

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

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 Chapter 119, 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: DONNA LANCASTER VD 01/25/2006
Electronic Signature of Signing Officer or Director — Date