2006 NOT-FOR-PROFIT CORPURATION ANNUAL REPORT (AR)

FILED DOCUMENT # N04000008857 May 01, 2006 08:00 Al Secretary of State 1. Entity Name "ALL NATION" END-TIME MINISTRIES INC Mailing Address Principal Place of Business **RRI BOX 1405 BRI BOX 1405** DARIEN GA 31305 DARIEN GA 31305 3. Mailing Address 2. Principal Place of Business Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 32-0126373 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALSTON, VICTORIA Street Address (P.O. Box Number is Not Acceptable) 2991 GULF TO BAY BLVD - LOT 226 CLEARWATER FL 33759 Zip Code 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 (NOTE: Registerers Agent signature required when registating) Signature, typed or printed name of registered agont and title if applicable Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition ☐ Delete TITLE TITLE ALSTON, VICTORIA NAME NAME **RRI BOX 1405** STREET ADDRESS STREET ADDRESS 100000549249 DARIEN GA 31305 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ALSTON, WILLIE NAME NAME **RRI BOX 1405** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DARIEN GA 31305 CITY-SI-ZIP ☐ Change Addition ME Delete TITLE HINSON, ROBERT NAME NAME STRUFT ADDRESS STREET ADDRESS 1944 12 AVE 80 CITY-ST-7iP GITY-ST-ZIP ST PETE FL 33759 ☐ Change ☐ Addition Delete TATLE TITLE HOLMES, ALICE NAME STREET ADDRESS 2405 COUNTRY CLUB DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32301 Delete ☐ Change Addition TaTL F NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statules. 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:

ULUG HOT HOLD NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06 Date

9/3 437-4769