


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000010163

1. Entity Name
CHRISTIAN DELIVERANCE HOUSE OF PRAYER, INC.



Principal Place of Business 1036 STATE ST W PALM BEACH, FL 33407	Mailing Address 1036 STATE ST W PALM BEACH, FL 33407
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DO NOT WRITE IN THIS SPACE



02062008 No Chg-NP CR2E037 (4/06)

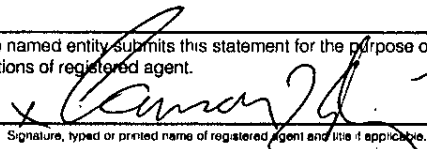
4. FEI Number 42-1657522	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ELLIS, CAMERON J
 1036 STATE ST
 W PALM BEACH, FL 33407**

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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:  DATE: **2-6-08**

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

**Filing Fee is \$61.25
 Due by May 1, 2008**

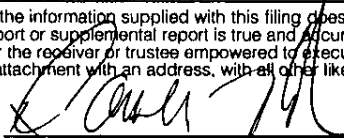
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELLIS, CAMERON J 1036 STATE ST W PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THILLET, EILEEN 1036 STATE ST W PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CANNON, CAPURNIA 340-B 10TH ST. LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/20/08-80089-013 61.25

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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:  DATE: **2-6-08** DAYTIME PHONE #: **561-667-7894**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR