2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011281

Entity Name: REIGNING TRUTH MINISTRIES, INC.

FILED Apr 14, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8746 OAK BLUFF DR ORLANDO, FL 32827

Current Mailing Address: New Mailing Address:

8746 OAK BLUFF DR ORLANDO, FL 32827

FEI Number: 20-2084478 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCCALL, PARNELL L 8746 OAK BLUFF DR ORLANDO, FL 32827 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: () Change () Addition

 Name:
 MCCALL, PARNELL L
 Name:

 Address:
 8746 OAK BLUFF DR
 Address:

 City-St-Zip:
 ORLANDO, FL 32827
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 MCCALL, LYNNELLE
 Name:

 Address:
 8746 OAK BLUFF DR
 Address:

 City-St-Zip:
 ORLANDO, FL 32827
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition
Name: MCCALL, PHYLENA M
Name: MCCALL, PHYLENA M

 Name:
 MCCALL, PHYLENA M
 Name:
 MCCALL, PHYLENA M

 Address:
 8538 ROSE GROVES RD
 Address:
 6909 ALOMA AVE #17

 City-St-Zip:
 ORLANDO, FL 32818
 City-St-Zip:
 WINTER PARK, FL 32792

Title: () Delete Title: D () Change (X) Addition

Name: PAGE, PORTIA
Address: 806 MARGARET SQUARE

City-St-Zip: City-St-Zip: WINTER PARK, FL 32789

Title: () Delete Title: D () Change (X) Addition Name: BOGAN, STANLEY

 Name:
 Name:
 BOGAN, STANLEY

 Address:
 Address:
 P. O. BOX 413

City-St-Zip: City-St-Zip: MT. DORA, FL 327570413

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: LYNNELLE MCCALL SECR 04/14/2007