


**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

66<sup>u</sup> : 11

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1st MOORE CR2E037 (10/05)

<b>DOCUMENT # N05000011336</b> 1. Entity Name <b>MIRACLE TEMPLE FOR GOD'S PEOPLE, INC.</b>				Secretary of State 03-15-2006 90102 036 ****61.25	
Principal Place of Business <b>384 SW THOMPSON LOOP LAKE CITY FL 32025</b>		Mailing Address <b>384 SW THOMPSON LOOP LAKE CITY FL 32025</b>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		1st MOORE CR2E037 (10/05)	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent <b>BELL, SOLOMON A SR 384 SW THOMPSON LOOP LAKE CITY FL 32025</b>			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL 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 <u>Solomon A. Bell Sr.</u> <u>2/17/06</u> <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when re-registering)</small> DATE					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			TITLE NAME STREET ADDRESS CITY- ST- ZIP		
D BELL, SOLOMON A SR 384 SW THOMPSON LOOP LAKE CITY FL 32025 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
D BELL, ROSA S 384 SW THOMPSON LOOP LAKE CITY FL 32025 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
D BELL, LORNE L 3025 SW WINDSONG CIRCLE APT 208 LAKE CITY FL 32025 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<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 Section 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: <u>Solomon A. Bell Sr.</u> <u>2/17/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #					