

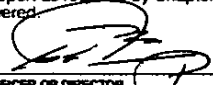


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90404 014 ****70.00

DOCUMENT # N94000004922					
1. Entity Name UNITED CHURCH INTERNATIONAL APOSTOLIC MINISTRIES, INC.					
Principal Place of Business 1350 NE 125TH STREET #200 N MIAMI, FL 33161 US		Mailing Address 20310 SW 79 AVE MIAMI, FL 33189			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		04282006 Chg-NP CR2E037 (4/06)	
4. FEI Number 65-0540802		Applied For Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MULLINGS, CHARLES T 20310 S.W. 79TH AVE. MIAMI, FL 33189			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLINGS, GLORIA C		NAME		
STREET ADDRESS	20310 S.W. 79TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33189		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLINGS, CHARLES C		NAME		
STREET ADDRESS	20310 S.W. 79TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33189		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, MONICA		NAME		
STREET ADDRESS	20810 SW 123RD AVE.		STREET ADDRESS	25560 S.W. 137 th Avenue #102	
CITY-ST-ZIP	MIAMI, FL 33177		CITY-ST-ZIP	MIAMI, FLORIDA 33023	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNCAN, DENNIS		NAME		
STREET ADDRESS	16851 NE 23RD AVENUE APT.305		STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI, FL 33161		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: CHARLES T. MULLINGS 		04/28/06		305-255-8645	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	