


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000002479
1. Entity Name
RAINBOW MIRACLE MINISTRY INC.



Principal Place of Business Mailing Address
1278 N.W. 43 ST. 1278 N.W. 43RD ST.
MIAMI, FL 33142 US MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE



02152006 No Chg-NP CR2E037 (11/05)

4. FEI Number: **65-0661716** Applied For: Not Applicable:
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HOWELL, BEVERLY
1278 N.W. 43RD ST.
MIAMI, FL 33142

DO NOT WRITE IN THIS SPACE

6. 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 \$61.25
Due by May 1, 2006

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

000000438854
03/02/06-80021-016 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOWELL, PASTOR BEVERLY 1278 N.W. 43RD ST. MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD FORBES, LEROY 1001 NW 28TH ST MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAP FORBES, HERMA 1497 NW 148TH ST OPA LOCKA, FL 33058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: PASTOR Beverly Howell 2/16/06 786-287-5226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #