


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-01-2006 90026 030 ****61.25

DOCUMENT # N96000006546	
1. Entity Name TRUTH IN LOVE MINISTRY, INC.	

Principal Place of Business 909 STREAMLET AVENUE SEBASTIAN FL 32958	Mailing Address 909 STREAMLET AVENUE SEBASTIAN FL 32958
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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)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AREND, DOLORES 909 STREAMLET AVENUE SEBASTIAN FL 32958		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

4. FEI Number 65-0716182	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 restateing) _____ DATE _____

FILE NOW: FEE IS \$61.25 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
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10. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME FARAG, NASSER S	
STREET ADDRESS DELTA LAKE RESORT, LOT 79	
CITY-ST-ZIP MONTE ALTO TX 78538	
TITLE D	<input type="checkbox"/> Delete
NAME PARKER, WILLETTE E	
STREET ADDRESS 18 S. AZTEC COVE DR.	
CITY-ST-ZIP LAS FRESNOS TX 78566	
TITLE STD	<input type="checkbox"/> Delete
NAME FARAG, MARILYN S	
STREET ADDRESS DELTA LAKE RESORT, LOT 79	
CITY-ST-ZIP MONTE ALTO TX 78538	
TITLE VD	<input type="checkbox"/> Delete
NAME TODD, JULIA L	
STREET ADDRESS 822 E. BUCHANAN	
CITY-ST-ZIP HARLINGEN TX 78550	
TITLE D	<input type="checkbox"/> Delete
NAME PRA'TT, JAMES L	
STREET ADDRESS 1210 WHITE WING DR.	
CITY-ST-ZIP HARLINGEN TX 78550	
TITLE PD	<input type="checkbox"/> Delete
NAME TODD, KENNETH	
STREET ADDRESS 27843 DILWORTH RD.	
CITY-ST-ZIP HARLINGEN TX 78552	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PRATT, ANTONIA G.	
STREET ADDRESS 1210 White Wing Dr.	
CITY-ST-ZIP Harlingen, TX 78550	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Marilyn S. Farag* **MARILYN S. FARAG** 2-21-2006 956-262-1649